IF. 5.10 No. 6. www.ijip.in | ISSN 2348-5396

Volume: 3 Issue: 2 January - March, 2016

The International Journal of INDIAN PSYCHOLOGY

Person of the Issue
Melanie Klein (1882-1960)

ISSN 2348-5396

9 772348 539009

The International Journal of INDIAN PSYCHOLOGY

Volume 3

Issue 2, No. 6

January to March, 2016

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 3, Issue 2, No. 6) Published, March, 2016
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Headquarters;
REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230
Author Helpline: +91 76988 26988

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ISSN (Online) 2348-5396
ISSN (Print) 2349-3429
ZDB: 2775190-9
IDN: 1052425984
CODEN: IJIPD3
OCLC: 882110133
WorldCat Accession: (DE-600) ZDB2775190-9
ROAR ID: 9235
Impact Factor: 5.10 (2015) from the Research Bible
ISBN: 978-1-329-91038-6 (eBook)
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Price: 500 INR/- | $ 8.00 USD
2016 Edition

Website: www.ijip.in
Email: info.ijip@gmail.com | journal@ijip.in

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Publishing fees, ₹ 500 OR $ 15 USD only (online and print both)

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Message from Editors

We have been committed to make our "*Author Freedom Policy*" better due to response given by our researchers. We have launched "***Gold Open Access System***" before some days, which have gained good feedback by researchers. Now, every title will get its own URL which would be included by Abstract, Keywords, DIP (Digital Identifier Passport) etc. The main benefit of the URL is that, researcher can share and show it in his profile, CV, resume etc.

We shall present nomination of **"Paper of the Year"** award within short time. IJIP plans *Paper of the Year award* every year to inspire its researchers. After nomination, it would be lived at the website. Then it would be opened for voting. It would be voted by IJIP website visitors. That nominee would be awarded who would get majority of votes. In short the point is website visitors make him winner of the award. You can get more information regarding this matter from IJIP official website (www.ijip.in/index.php/award.html)

Year 2016 is the year of new hopes, new tries, and new dreams to be realized into reality. We pray to God fulfill all your wishes and dreams. We thank here all the researchers and friends joined with us.

We experience here feeling of joy while presenting first issue of 2016. We thank you again researchers who have presented their articles in this issue.

Happy New Year...

Dr. Suresh Makvana[1]
(Editor in Chief)

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The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-India, 389230

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, DIP : 18.01.001/20160302
ISBN: 978-1-329-78932-6
http://www.ijip.in | January - March , 2016

Person of the Issue: Melanie Klein (1882-1960)

Ankit Patel[1]*

Born	30 March 1882 Vienna, Austria-Hungary
Died	September 22, 1960 London, United Kingdom
Citizenship	Austrian
Known for	Devising therapeutic techniques for children Coining the term 'reparation' Klein's theory splitting Projective identification
Influences	Sigmund Freud Karl Abraham
Influenced	Herbert Rosenfeld Otto F. Kernberg Jacques Lacan Cornelius Castoriadis Donald Meltzer

Melanie Klein was born on March 30, 1882, in Vienna, Austria. In 1903, she married Arthur Klein and relocated to Budapest. They had three children, born in 1904, 1907, and 1914.

Klein's first personal experience in the field of psychoanalysis began when she sought treatment for herself after her mother died in 1914. Earlier in her youth, Klein's siblings died: her brother died when she was 20, and her sister died when Klein was 4 years old. Klein was in treatment with Sandor Ferenczi between 1914 and 1917.

Klein was a pioneer in the treatment of children. She was among the first to use psychoanalysis on children and implemented several never-before implemented techniques and tools. She often used play and toys to help children discuss psychological issues.

Klein's approach to psychoanalysis conflicted with much of Sigmund Freud's work. Freud drew his ideas on child development from the recollections of his adult patients, but Klein worked directly with children and toddlers, giving her unique insight into the child development process. She defied Freud, arguing that the superego is actually present the moment a child is born,

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preceding the Oedipal complex. Klein also claimed that a primitive form of the Oedipal complex was present much earlier in development than Freud claimed, as a child becomes preoccupied with overwhelming parental authority.

Her early work led her to certain clinical discoveries. For instance, she saw that the splitting appears very early as a mechanism in the child's mind, and that the mechanisms of projection and introjections accompanying the splitting result in the creation of a very complex internal world, even in a very small child. She saw the importance of early part-object relationships, already noticed by Abraham but never deeply investigated. As I have said, she had described both an earlier concept of the Oedipus complex and the roots of an early, very savage, superego connected with part-object introjections. But it was only with her description of the depressive position that Klein's early discoveries could be brought together to give a picture of the child's mental development.

However, there was yet another discovery to come, in the last years of her life. This is the discovery of the crucial importance of primitive envy, and this has become extremely controversial, even amongst some who agreed with Klein's theory of the two positions. It seems that the thought that envy could be early and primary, and directed from the start at the maternal breast, under the aegis of the death instinct, was an idea hard to tolerate. Envy is very connected with the pathology of the paranoid-schizoid position. Hatred attacks the bad object, but envy is directed at the ideal object, and interferes with the original splitting which enables the infant to have an ideal object, which is the basis of what in the depressive position becomes a more integrated good-and-bad object. Since it is the ideal object that is attacked in envy, it leads to a constant confusion between what is good and what is bad, and endless, often psychotic, confessional states. In the depressive position, excessive envy makes reparation very difficult, both because of the magnitude of the guilt, and because the object, once repaired, becomes again an object of envious attacks.

Since Klein, a great deal of work has been done by her pupils and followers on the transition between the paranoid and the depressive position, and the important role that is played in its pathology by the factor of envy.

TIMELINE

1882

- Melanie Reizes is born on 30th March at Tiefer Graben 8, Vienna to Moriz (aged 54) and Libussa Reizes (née Deutsch, aged thirty). Her father Moriz comes from an orthodox Jewish family from Lemberg, Galicia (now Lvov, Ukraine), and her mother from Warbotz, Slovakia. Moriz trained as a doctor against his very conservative family's wishes; Libussa is an intelligent, attractive young woman.
- Melanie is the last of four children, joining six-year-old Emilie, five-year-old Emmanuel, and four-year-old Sidonie. The family moved to Vienna from Deutschkreutz, Hungary (now Burgenland, Austria) sometime between 1878 and 1882.

1885

- When Melanie is three years old, Sigmund Freud, now 29, is in Paris studying hysteria and hypnosis with famous neurologist Jean-Martin Charcot.

1886

- Melanie's closest sister Sidonie dies of scrofula (tuberculous cervical lymphadenitis) at the age of eight. Melanie is four years old.
- Freud leaves Paris and returns to Vienna.

1887

- The Reizes family inherits a considerable sum of money on the death of Moriz's father. Melanie now five years old, the family moves from their second home in Vienna, a shabby fifth-floor apartment in Borsegasse, to a much larger, more elegant apartment in middle-class suburb Martinstrasse.

1891

- When Melanie is nine years old, 35-year-old Sigmund Freud moves to Berggasse 19, Vienna, his home and consulting rooms for the next 47 years.

1895

- In the same year as his last child Anna is born, Freud publishes his seminal Studies on Hysteria.

1898

- At the age of 16, Melanie already has her sights set on studying at the gymnasium. She has long wanted to study medicine, now specifically psychiatric medicine. This year she passes her entrance exams.

1899

- At the age of 17, Melanie meets her future husband, Arthur Stevan Klein, four years her elder and a second cousin. Klein is studying to be a chemical engineer in Zurich. He proposes to Melanie soon after their first meeting; she accepts. The engagement spells the end of Melanie's medical ambitions.

1900

- Melanie's father, Moriz Reizes, dies on 6th April at the age of 72. On 25th December, her eldest sister Emilie marries Leo Pick, a young doctor.
- Freud publishes his fundamental work, The Interpretation of Dreams. Freud is to maintain throughout his life that it is his most important work of all. It forms the keystone of psychoanalytic thought and practice.

1901

- Melanie spends the summer with the Kleins in Rosenberg (in Slovakian Hungary, now northern Slovakia) while Arthur is in America.
- Freud publishes On Dreams, a text which will critically influence Klein's psychoanalytic thinking.
- Otto, Melanie's first nephew, is born to Emilie Pick on 16th October.
- Melanie returns home from Rosenberg around Christmas 1901.

1902

- On 1st December 1902 a second sibling, Melanie's adored older brother Emmanuel, dies in Genoa of heart failure, at the age of 25. His death comes after several years of aimless and indigent travelling around the Mediterranean. He has very probably been addicted to morphine and cocaine for some time, in addition to suffering from tuberculosis.

1903

- Still in mourning for her brother, Melanie Reizes marries Arthur Klein on 31st March, the day after her 21st birthday. They set up their home in Rosenberg.
- In May Melanie finds out she is pregnant.

1904

- Klein's first child, Melitta, is born on 19th January.

1905

- Melanie, Arthur and one-year-old Melitta make a trip to the Adriatic coast, visiting a number of places including Trieste and Venice.
- Freud publishes Three Essays on the Theory of Sexuality.

1906

- In the spring, Melanie accompanies Arthur to an engineering congress in Rome.
- After four years of persevering with her friend Irma Schonfeld, Melanie finally sees the publication of a collection of Emmanuel's writing.

1907

- On 2nd March Melanie gives birth to her second child and first son, Hans, after suffering a deep depression during pregnancy.
- Late in 1907 the Kleins move to Krappitz, a small provincial town in upper Silesia (now Krapkowice, Poland), where Arthur has been appointed director of a paper mill. Libussa moves in soon afterward.

1908

- Melanie becomes increasingly anxious and depressed, clearly very unhappy in her married life in this small, friendless town. She is often away, visiting friends and family, and making trips to Budapest and Abbazia. She receives treatment – such as carbonic acid baths – for her "nerves". As a result she spends long periods of time apart from her young children, not a little encouraged by her mother Libussa in a series of strange, guilt-inducing and interfering letters.
- In this year Freud meets Hungarian pscyhoanalyst Sándor Ferenczi. The two men begin an important professional and personal relationship, recorded in more than 1,200 letters over their careers. Ferenczi is to have an enormous effect on Klein, as her analyst, supporter and friend.

1909

- In May, now severely depressed, Melanie visits a sanatorium in Chur, an alpine town in eastern Switzerland. In June she moves a little further south, to St Moritz, and is experiencing problems with her bladder. In a letter from her mother, there is a suggestion that Melanie might be afraid that she is pregnant, something that she dreads.
- In November the Kleins, with Libussa in tow, move to Svabhegy, a suburb of Budapest.
- Freud publishes his study of five-year-old 'Little Hans,' the first such analytic observation of a chlid. The analysis is carried out by the boy's father, as directed by Freud.

1910

- In the new scenery of Budapest, Melanie spends much of her time with Jolanthe Vágó, Arthur's sister, and Klara, Jolanthe's divorced sister-in-law. She is very close to these two women, especially Klara.
- Melanie spends the summer with Klara in Rügen, a resort to the north of Berlin on the Baltic Sea.
- Karl Abraham, close friend and colleague of Freud, establishes the Berlin Psychoanalytic Society. Abraham is later to analyse Klein, and to become a deeply important figure in her psychoanalytic thinking and emotional life.

1911

- In August the Kleins move to Rozsdamb, a more affluent area of Budapest.

- Again Melanie spends her summer holiday in Rügen with Klara.

1912

- Melanie writes to her mother, who is staying temporarily in Vienna, that she is feeling better, in fact "quite healthy." She refers to a "treatment" she has been having, though she does not refer to its nature. It is likely psychological, perhaps even psychoanalytical.

1913

- Around Christmas 1913, Klein finds she is again pregnant.

1914

- After another deeply depressed pregnancy, Klein gives birth to her third and last child, Erich, on 1st July. Two weeks later, on the 28th July 1914, the First World War breaks out. Both Arthur Klein and Melanie's brother-in-law Leo Pick are subsequently called up.
- Klein begins analysis with Sándor Ferenczi, a Hungarian psychoanaylst intimate with Freud and instrumental in the growth of psychoanalysis. For the first time in Klein's life she is able to talk about her emotional experiences, and to be listened to by a highly intelligent, attentive, perceptive audience of one. This encounter with Ferenczi is nothing less than a watershed in her life.
- At some point in this year Klein reads Sigmund Freud's On Dreams ('Über den Traum,' 1901). She is immediately filled with huge excitement about the insights and possibilities revealed by Freud, and becomes devoted to psychoanalysis.
- In October Ferenczi is called up to serve as a doctor to the Hungarian Hussars, though he continues to be analysed by Freud by post. He carries out some analyses himself, both in the army and on return visits to Budapest.
- In late October the Kleins take Libussa to be x-rayed, following a severe loss of weight. Cancer is ruled out by the doctor. However, she rapidly develops bronchitis, and on 6th November Melanie Klein's mother is dead.

1916

- Arthur Klein is invalided back home with a leg wound. Ferenczi also returns to Budapest, having been transferred to a neurological hospital.

1917

- Freud's famous essay, 'Mourning and Melancholia' is published. Klein will later develop her radical ideas about manic-depressive states, as well as her seminal concept of the depressive position, out of Freud's account of aggression and guilt as central to the experience of the melancholic patient.

1918

- On 28th and 29th September, Melanie Klein attends the Fifth Psychoanalytic Congress at the Hungarian Academy of Sciences in Budapest. She hears Freud read his paper, 'Lines of Advance in Psychoanalytic Therapy,' which further fuels her fascination with psychoanalysis. This is almost certainly the first time Klein hears Freud read his work in person, and will be one of the only times. For Klein this is an extraordinary moment, as she comes face to face with the brilliant and deeply revered founder of psychoanalysis.
- Toward the end of the year the Austro-Hungarian Empire dissolves as its monarchy collapses. The First World War finally ends on the 11th November 1918, after over four years of fighting and millions of lives lost.

1919

- In July Klein presents her study of her five-year-old son Erich to the Hungarian Psychoanalytic Society; it is her first study of a child. She is soon afterward awarded membership.
- Arthur Klein leaves Budapest and his family for Sweden in autumn 1919, as the anti-Semitic White Terror takes hold of Hungary. The Hungarian Psychoanalytic movement is all but destroyed by this ferocious counterrevolutionary anti-Semitism. Melanie also leaves Budapest, taking her three children to stay with Arthur's parents in Rosenberg. Besides the political turmoil, the Kleins' marriage is not working, and it is clear they are increasingly unhappy living together.

1920

- In September Klein attends the first International Congress since the war, held in The Hague. She meets Joan Riviere for the first time.
- Freud publishes Beyond the Pleasure Principle, in which he introduces the bold new idea of the 'death instinct.' This concept, controversial from its incipience, is to play a significant part in the development of Klein's theory, particularly with relation to sadism and ego-splitting in the young child.

1921

- At the beginning of 1921 Klein leaves her in-laws in Rosenburg and moves to Berlin. Other psychoanalysts have also left Hungary due to the intensifying anti-Semitic climate, including Sándor Rádo, Alexander, Schott and Balint.
- After a few weeks spent in a pension in Grunerwald, Klein moves to Cunostrasse, a drab and uninspiring area. She has Erich with her, now six years old. Melitta, aged 17, is finishing her studies in Budapest, and Hans, aged 14, is at boarding school.

1922

- Klein delivers another paper on early analysis at the 1922 International Congress. On the back of this and her paper of the previous year, she is made an Associate Member of the Berlin Society.

1923

- After being made a full member of the Berlin Psychoanalytic Society in February, Klein embarks upon her first child analysis. This marks the start of a bold new approach to analytic treatment and theory, and the start of Klein's career. This is only strengthened when Klein's paper, 'The Development of a Child,' is published by Ernest Jones in the International Journal of Psychoanalysis.
- The child Klein names 'Rita' in her notes enters analysis with her; she is only two and a half years old. In November Abraham, at that time supervising Klein's work, writes to Freud:
- "In the last few months Mrs Klein has skilfully conducted the psychoanalysis of a three-year-old with good therapeutic results. The child presented a true picture of the basic depression that I postulated in close combination with oral erotism. The case offers amazing insights into instinctual life." (A Psycho-Analytic Dialogue, The Letters of Sigmund Freud and Karl Abraham, 1906-27 [Hogarth Press, 1965], p. 339)
- Meanwhile, in her personal life, Klein and her husband Arthur attempt reconciliation, moving into a large house built by Arthur on his return from Sweden, Auf dem Grat 19, Dahlem.

1924

- Eager to learn from one of the great pioneers of psychoanalysis, Klein asks Abraham to analyse her. She manages to persuade him, despite his reservations about analysing a Berlin colleague. At the beginning of 1924 her treatment begins.
- After several months of trying to repair their marriage, relations between Melanie and Arthur fail to improve. Melanie leaves her husband for good in April, shortly after her daughter Melitta's marriage to Walter Schmideberg, a Viennese doctor and family friend of the Freuds.
- Following this final breakup of her marriage, Klein moves into a pension at Augbwigerstrasse 17, where she struggles to keep custody of Erich against Arthur's opposition.Six months into Klein's new analysis, Alix Strachey arrives from England. She is to become a very important catalyst in the development of Klein's career.
- Klein begins several important analyses of children, notably those she refers to as 'Peter,' 'Ruth,' 'Trude,' and 'Erna' in her writings. An important paper based on these cases is presented to the Berlin Society on 12th December.

1925

- A letter from Alix Strachey to her husband, outlining Klein's 1924 Berlin Society paper, stimulates great interest when read to the British Society on 7th January 1925. Klein subsequently plans to give a series of lectures in London, with the enthusiastic encouragement of Ernest Jones. The Stracheys are greatly supportive of Klein's visit, translating papers, tutoring her English, and preparing the ground in the British Society.
- During the spring Klein meets Chezkel Zvi Kloetzel, a married man and father of one, at her dance class. They begin what, at least for Klein, is a deeply affecting love affair.
- In July Klein goes to London for her lecture series, which is held at the house of Karin and Adrian Stephen (brother of Virginia Woolf) in Gordon Square. She gives two lectures per week for three weeks, to a fascinated audience. Klein meets Susan Isaacs, thus beginning an important and enduring professional and personal relationship.
- Alongside these exciting developments Klein also suffers a great loss. Abraham falls ill in May, deteriorating until he dies on Christmas Day. Klein has been in analysis with him for only a year and a half. She later describes the termination of her analysis and Abraham's death as 'very painful.'

1926

- The London Clinic for Psychoanalysis opens on 6th May, Freud’s 70th birthday.
- In September, at the invitation of Ernest Jones, Klein moves to London. She breaks off with Kloetzel (though he is to visit her several times over the next few years). Klein begins analysis of Jones’ wife and two children between 15th September and 4th October.
- On 17th November Klein gives a paper before the British Psychoanalytic Society on five-year-old ‘Peter,’ with reference to the castration complex and anal-sadistic phantasy.
- Klein's son Erich joins her on 27th December, three months after her arrival. Klein now has six patients in addition to the Jones family.

1927

- On 19th March Anna Freud addresses the Berlin Society on the subject of child analytic technique. Her presentation is a barely disguised attack on Melanie Klein’s approach to psychoanalysis. In response, Ernest Jones organises a symposium for the British Society

on the same subject. Sigmund Freud is unhappy with what he sees as an attack on his daughter and, perhaps by extension, himself.

- At the beginning of September Klein attends the Tenth International Congress, held in Innsbruck. She delivers her paper, 'Early Stages of the Oedipus Complex,' her most radical conceptual offering to date.
- Klein is elected a member of the British Psychoanalytical Society on 2nd October.

1928

- Melitta Schmideberg, Klein's eldest child and only daughter, comes to London after graduating from university in Berlin. Like her mother she is now pursuing a career in psychoanalysis, and by 1930 she is a member of the British Society. She moves in with her mother and brother Erich, while her husband Walter remains in Germany for a further four years.

1929

- Klein begins analysis of 'Dick,' a four-year-old boy, seemingly struggling with schizophrenia. His condition has since been re-described as infantile autism. This analysis and its ensuing published paper forms a key moment in Klein's development of her ideas about early psychosis and its relation to aggression and guilt.

1930

- On 5th February Klein presents a paper, 'The Importance of Symbol-Formation in the Development of the Ego' to the British Society. It forms a hugely important stage in her psychoanalytic thinking. In this seminal paper, Klein asserts that the child's capacity for symbol formation, and more broadly for the formulation of thought, are vital elements in the healthy development of the ego. This paper is truly innovative, and opened the way to a better understanding of psychotic states.

1931

- Klein takes on her first training analysand, Dr. W. Clifford M. Scott, a medical graduate from Toronto, Canada.

1932

- Klein's first major theoretical work, The Psychoanalysis of Children, is published simultaneously in English, by Hogarth Press (set up by Virginia and Leonard Woolf), and in German, by the Internationaler Psychoanalytischer Verlag. In it she lays the foundations for her later innovation of the paranoid-schizoid and depressive positions.

1933

- On 22nd May Sándor Ferenczi dies of pernicious anaemia, at the age of 59.
- Klein moves to 42 Clifton Hill, St. John's Wood. Paula Heimann, fleeing Nazi Germany, moves to London, and becomes Klein's secretary. She subsequently enters analysis with Klein.
- Melitta is elected member of the Institute of Psychoanalysis on 18th October. Previously an exponent of her mother's theoretical position, Melitta becomes increasingly antagonistic toward her, mounting regular, unsparing attacks against her ideas and method in Society meetings.
- Kloetzel moves to Palestine at the end of the year, as anti-Semitism rages ever more violently through Europe. Klein will never see him again.

1934

- At the beginning of the year Klein starts seeing Sylvia Payne once a week, for treatment of a bout of intense depression.

- Melitta begins analysis with Edward Glover, after having been previously analysed by Ella Sharpe. They become close allies against Klein in the on-going British Society infighting.
- In April, Melanie's eldest son Hans dies when a path crumbles under him as he hikes through the Tatra Mountains. He is 27. Melanie does not attend the funeral, held in Budapest, apparently too devastated to make the journey.
- Klein reads the first version of her seminal paper, 'The Psychogenesis of Manic-Depressive States' at the Lucerne Congress in August.

1935

- On 16th January Klein reads a reworked version of her 1934 Congress paper, 'A Contribution to the Psychogenesis of Manic-Depressive States,' to the British Society. The paper explains her radical, brilliant new concept, the depressive position.
- Donald Winnicott, a paediatrician and recently qualified psychoanalyst, begins analysis of Klein's youngest child Erich, at her request.
- In Germany on 15th September, the Nuremberg Laws are passed at the annual Nazi party rally. Jews are stripped of their citizenship, the right to hold influential professional positions, and the right to marry 'Aryans.'

1936

- In February Klein delivers her paper, 'Weaning,' as part of a lecture series open to the public at Caxton Hall. It will later be published as part of Love, Guilt and Reparation and Other Works 1921-1945.

1937

- On 19th March Melitta Schmideberg reads her paper, 'After the Analysis – Some Phantasies of Patients,' a searing attack on Kleinian analytic technique and theory.
- Klein goes into hospital in July, for an operation on her gall bladder. She writes 'Observations Following an Operation' afterward, detailing her emotional reactions to anaesthetic, surgery, and the return to childlike dependency.
- She spends August recuperating in Devon with Erich and his new wife, Judy.
- In September Klein takes a rare holiday in Italy.
- Klein and Joan Riviere jointly present 'Love, Guilt and Reparation,' based on a previous public lecture.
- Read Klein's 'Observations after an Operation'...

1938

- Emilie and Leo Pick, Klein's sister and brother-in-law, arrive in England as refugees from Nazi-annexed Vienna. They move into a flat around the corner from Klein.
- Sigmund and Anna Freud flee Vienna after the Nazis invade Austria in March. They arrive in London on 6th June. They are just a couple of a flood of refugee psychoanalysts fleeing Nazi Germany and Austria. The British Society is thus changed out of recognition.
- On the night of 9th-10th November, Nazi supporters and SA stormtroopers vandalise and destroy Jewish shops and synagogues across Germany and Austria, killing, beating and arresting Jews. This horrific pogrom will become known as Kristallnacht ('Night of Broken Glass').

1939

- Early in the year the Internal Object (I.O.) Group is set up, at the suggestion of Eva Rosenfeld and Susan Isaacs, as a regular opportunity for the Kleinians to discuss and formulate their ideas for presentation to their opponents.
- On 8th March the British Psychoanalytical Society celebrates its 25th birthday at the Savoy (taking 1914 rather than 1919 as the date of inception, despite the abortive nature of the first attempt). Virginia and Leonard Woolf are among the guests, and Klein meets them for the first time.
- Arthur Klein dies in Sion, Switzerland, at the age of 61.
- On 3rd September Britain declares war against Germany.
- Klein moves to Cambridge temporarily, one of many fleeing the capital for fear of air raids.
- On 23rd September, three weeks after the outbreak of the Second World War, Sigmund Freud dies at the age of 83 after years of suffering with cancer of the jaw.
- Klein re-works 'Mourning and Its Relation to Manic-Depressive States' over the winter, a paper originally given at the 1938 Paris Congress.

1940

- Klein's sister Emilie Pick dies in London in May, of lung cancer. Klein is not with her.
- At the end of June Klein leaves London for Pitlochry in Scotland, at the request of 'Dick's' parents. Meanwhile, in London, the Battle of Britain approaches, making the capital highly dangerous. She returns to London for Christmas, missing her grandson Michael and her work there.
- Edward Glover publishes An Investigation of the Technique of Psychoanalysis, a barely disguised attack on Klein and Kleinian thought.

1941

- By the new year Klein has four patients in Scotland, Dick and his brother, and two doctors. During her time in Pitlochry she keeps up a regular correspondence with Donald Winnicott, by now a close friend and ally.
- At the end of April Klein starts analysis of ten-year-old 'Richard,' whose "unusual" set of psychical difficulties prove rich food for thought. She is soon eager to write a book dedicated to this particular case.
- At the beginning of September Klein leaves Pitlochry and returns home to London.

1942

- The first of the British Society's Extraordinary Meetings takes place on 25th February, after months and years of increasing discord and infighting among its members. They are heated and often venomously personal battles between the opposing groups in the Society – the Kleinians and Viennese Freudians – and they carry on until June. In meetings Anna Freud and Edward Glover attack Klein's legitimacy as a psychoanalyst, while Melitta Schmideberg attacks her mother with a seemingly blind rage, more personal than theoretical. It looks as though the Society may not survive this deeply divisive war of ideas and personalities.
- The first of the Controversial Discussions is held on 21st October. They are highly charged debates about the conflicting psychoanalytic theories threatening to break the Society down the middle. Klein and Anna Freud are the central opponents in the struggle. During this period Kleinian theory will be criticized vehemently, and even accused of not being psychoanalytic.

1943

- Susan Isaacs' paper, 'The Nature and Function of Phantasy' (later published in Developments in Psychoanalysis) is distributed to members of the Society to be discussed on the 27th January as part of the Controversial Discussions. It is a key paper in the history of psychoanalysis, demonstrating Klein's concept of infantile phantasy as intimately related to, and sprung from, classical Freudian thought and therefore resolutely psychoanalytic. The paper forms the focus of discussion at every meeting until 19th May.

1944

- After a meeting on the 24th January, Edward Glover resigns from the British Society, declaring it no longer 'Freudian,' that is, psychoanalytic.
- On 16th February Klein takes part in the Discussions for the first time in person. She delivers the paper forming the focus of the last Controversial Discussion on 1st March, 'The Emotional Life of the Infant.'
- Hanna Segal enters analysis with Klein, around the same time as Herbert Rosenfeld. Both Segal and Rosenfeld will go on to develop and expand Kleinian theory, as they push the limits of psychoanalysis in their work with borderline-psychotic and psychotic patients.

1945

- Melitta Schmideberg leaves the UK, now separated from her husband Walter, and moves to New York. She will live there until 1961, working with adolescent delinquents.
- Klein spends August on a farm with her daughter-in-law Judy and grandchildren Michael and Diana.

1946

- On 4th December Klein gives her paper, 'Notes on Some Schizoid Mechanisms' to the British Society. This is one of the most important works of Klein's career, and a pivotal moment in psychoanalytic thought, as she details the concepts of ego-splitting and projective identification.
- After much debate within the British Society, the 'A' and 'B' groups, and what becomes known as the 'Middle Group', are at last established as an urgent means of resolving the on-going and irreconcilable differences between the Anna Freudians and Kleinians. The bitter arguments that have raged through the Society for years are now at least partly assuaged, and the Society looks like it will survive.

1947

- John Rickman, a British psychoanalyst who has been in analysis with Freud, Ferenczi and Klein, is elected president of the British Society. As a member of the 'Middle Group' - neither Anna Freudian nor Kleinian - Rickman's appointment is a deliberate effort to preserve neutral government of the Society.

1948

- Susan Isaacs dies of cancer on 12th October, at the age of 63.

1949

- At the sixteenth Psychoanalytic Congress in Zurich, Klein sees her daughter Melitta for the first time in four years. They do not speak.

1950

- Some rare, silent cine footage shows Melanie Klein walking in the garden of her home in Clifton Hill at about this time. The identity of the filmmaker, and of the gentleman who appears with Klein, are unknown.

1951

- In preparation for the celebration of Klein's 70th year, her colleagues and friends publish Developments in Psychoanalysis, including essays by Heimann, Isaacs, Riviere, Klein, and others.
- Klein's former lover Chezkel Zvi Kloetzel dies on 27th October.

1952

- Ernest Jones organises a dinner at Kettner's (29 Romilly St, Soho) to celebrate Klein's 70th birthday.
- In photograph, clockwise from left: [sitting] Marion Milner, Sylvia Payne, Eric Klein, Roger Money-Kyrle, Clifford Scott, Paula Heimann, James Strachey, Gwen Evans, [unknown], Michael Balint, Judy Klein (wife of Eric Klein), [standing] Melanie Klein, Enest Jones, Herbert Rosenfeld, Joan Riviere, Donald Winnicott

1953

- After a period of illness and dizzy spells (and a brief spell in hospital), thought to be brought about by excessive tiredness and overwork, Klein sells her house at Clifton Hill and moves to a smaller flat at 20 Bracknell Gardens, West Hampstead.
- Klein begins work on her autobiography (never published). Professor Janet Sayers has transcribed and annotated the fragments contained in the Melanie Klein archive at the Wellcome Trust. Published in Psychoanalysis and History, 15(2), 2013: 127-663.

1954

- Walter Schmideberg, Klein's estranged son-in-law, dies of an ulcerous illness in Switzerland, by now long separated from his wife Melitta.

1955

- On 1st February Klein establishes the Melanie Klein Trust, something she has thought of doing for several years. She invites Wilfred Bion, Paula Heimann, Betty Joseph, Roger Money-Kyrle, and Hanna Segal to be trustees, and puts in £600 to get it going.
- New Directions in Psychoanalysis is published.
- Klein attends the Geneva Congress, held on 24th-25th July. On the first day, Klein delivers a paper, 'A Study of Envy and Gratitude.' It is among the most controversial of all Klein's papers, and elicits a heatedly critical reaction. Paula Heimann, by now no longer on good terms with Klein, is among those critical of the paper's assertions.
- On 24th November Klein writes to Heimann, asking her to resign as trustee of the newly established Melanie Klein Trust. Spelling the end of their long and close friendship, Heimann soon after also leaves the Kleinian group.

1956

- Klein, with the help of previous analysand Elliott Jaques, starts to sort through and order her notes on Richard. These notes will become Narrative of a Child Analysis, her only full-length account of a single analysis.
- On 6th May the Society marks Freud's centenary year.

1957

- The highly controversial Envy and Gratitude is published in June, expanded from Klein's 1955 Geneva Congress paper with the help of Elliot Jacques.
- On her 75th birthday, Klein is given a Victorian garnet and gold set of jewellery by the British Society.

1958

- Ernest Jones dies on the 11th February, at the age of 79.

- Listen to a recording of Melanie Klein's voice made at around this time.

1959

- After previously being taken up and then unfinished by French psychoanalyst and philosopher Jacques Lacan, Klein's Psycho-Analysis of Children is finally published in a French translation by Françoise and Jean-Baptiste Boulanger.
- Klein reads her paper, 'Our Adult World and Its Roots in Infancy' to an audience of sociologists in London.
- Klein gives her paper, 'On the Sense of Loneliness' at the Copenhagen Congress in July. In it she explores the yearning for an unattainable return to the baby's first experience of an entirely devoted mother figure. The paper will later be published as part of Envy and Gratitude and Other Works 1946-1963.

1960

- In the spring Klein is diagnosed with anaemia, and is increasingly exhausted and physically weak.
- During the summer Klein goes to Switzerland, to Villars-sur-Ollon, determined to regain her health. Her son Eric joins her, but by this time she has grown dangerously ill. She returns to England and is immediately taken to hospital. Colon cancer is diagnosed and Klein has an operation at the start of September. The operation seems at first to have been successful, but complications arise after she falls out of bed and breaks a hip. Melanie Klein dies on 22nd September.
- She is cremated at Golders Green Crematorium, her funeral attended by many friends and colleagues. Melitta is not there.

QUOTES

"One of the many interesting and surprising experiences of the beginner in child analysis is to find in even very young children a capacity for insight which is often far greater than that of adults. "

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.096/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Reasons for Poor Medication Adherence in Patients with Depression

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ABSTRACT

Background: Depression is one among the disorders that have always been targeted by researchers in India. In South India the prevalence is 15.1%. Large number of studies has been published from India revealing various aspects of this commonly prevalent disorder, but there is limited evidence for the non-adherence to anti depressants in India. ***Aim:*** To assess the reasons contributing for non adherence in patients with depression. ***Method:*** This is a prospective, observational study, conducted in a tertiary care teaching hospital, Guntur. Medication adherence was assessed using the eight-item Morisky Medication Adherence Scale (MMAS-8) and a self administered questionnaire during the period of 1st February 2015 to 31st July 2015(i.e. 6months). ***Results:*** A total of 60 patients met the inclusion criteria; 68.3% are females and 31.6% are males. Among those, 3 (5%) are highly adherent, 17 (28.33%) are moderately adherent and 40 (66.67%) are poorly adherent. ***Conclusion:*** The overall Non adherence rate is found to be high in the study. The results presented suggest that pharmacist instructions may improve adherence in depression. Clinical pharmacist in this regard has a major role to play in uplifting and improving the quality of life of the patient.

Keywords: *Depression, Adherence, Non Adherence, Morisky Medication Adherence Scale, Self administered questionnaire.*

Anti depressants are commonly considered as a critical tool in the treatment of depression but they are useless if medication adherence is not improved. Although clinical guidelines recommend antidepressants be continued for at least 6 months after symptom remission, approximately one third of patients discontinue antidepressants within the first month of treatment, and 44% discontinue them by the third month of treatment. Poor adherence to antidepressant medications in depressive patients may lead to several complications like disease recurrence, relapse, increase in the cost of treatment, and impairment in daily functioning,

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increased suicide rates. Patients with depression themselves have a risk of suicide that is 20 times above normal. Non adherence leads to increase in suicidal a rate which leads to increase in mortality.

INTRODUCTION

Depressive disorder is one of the most prevalent forms of mental illness, and is of major public health importance.[1] Depression is a term used to describe a health problem in which mood pattern will be affected. However when our mood becomes excessively low, remains low for more than a two-week period and interferes with our ability to live our lives then this is called Clinical Depression.[2] Most common types of depression are Major depression, Dysthymic disorder, Psychotic depression, Postpartum depression, Seasonal affective disorder, Bipolar disorder.

Epidemiological facts on depression globally and in India

- It accounts for 5% of total burden of disease from all causes.
-14,582 thousand DALY's due to depression which is 3.6% of DALY's due to all causes.[3]
- Lifetime prevalence 12.1%.
-Suicide mortality rate of 16 per 100,000.[4]
-Prevalence of 26.3% in 1999 in South Asia.[5]
-Suicide mortality rate of 10.5 per 100,000 in 2006.[6]

Medications recommended for initial treatment of depression include selective serotonin reuptake inhibitors (SSRIs - fluoxetine, paroxetine, sertraline, citalopram, and escitalopram), serotonergic noradrenergic reuptake inhibitors (SNRIs - venlafaxine and duloxetine), bupropion, and mirtazapine. All these antidepressants are considered similar in regard to efficacy (Level A data. - evidence derived from randomized, controlled clinical trials), with treatment selection based upon individual patient, characteristics (comorbidities, concomitant medication, treatment history) and patient preference.[7] In addition to ADM, other treatments are effective in alleviating depression. These include cognitive therapy (CT) and other forms of psychotherapy, such as interpersonal therapy, electroconvulsive therapy and electrical stimulation of the vagus nerve.[8]

Adherence is the extent to which a person's behavior of taking medication, following a diet, or making healthy lifestyle changes corresponds with agreed-upon recommendations from a health-care provider. This definition implies that the patient has a choice and that both patients and providers mutually establish treatment goals and the medical regimen.[9] Medication adherence is a growing concern to clinicians, healthcare systems, and other stakeholders (eg. payers) because of mounting evidence that nonadherence is prevalent and associated with adverse outcomes and higher costs of care.[10]

The 8-item Morisky Medication adherence scale was used in the study and the scores were categorized as 0-6 (low adherence), 6-8 (moderate adherence) and 8 (high adherence). For the

purpose of analysis and ease of comparison the scale was again categorized in to non adherent patients (combining low adherence and moderate adherence) and adherent patients (high adherence).

METHODOLOGY

A Prospective observational study was conducted from February to July 2015 i.e 6 months in an Outpatient Department of Psychiatry in a tertiary care teaching hospital, Guntur, Andhra Pradesh. Materials used were patient consent form, patient data collection form, MMAS-8 Scale, self administered questionnaire.

INCLUSION CRITERIA:

- Patients in the age group of 20-60 years.
- Patients who are willing to give consent for the study.
- Patients who are already diagnosed with depression and without any other comorbidities

EXCLUSION CRITERIA:

- Patients who require urgent attention for medical problems.
- Patients without reliable informants.
- Patients with depression and are admitted.

STUDY METHOD:

- Study is conducted in a 1300 bedded tertiary care hospital, Guntur,.
- Patients who satisfy study criteria will be included in the study.
- Consent of the patient will be taken if the patient is literate or else the nature of the study will be explained to the reliable informants and signature will be taken from the witness.
- The patients are then administered MMAS-8 scale and self administered questionnaire.

RESULTS:

Total number of patients screened for the in the outpatient block of Department of Psychiatry were 240. Out of 240 patients only 60 patients were included in the study. The study was conducted during the period of 1st February to 31st July

Table 1: Age and Gender Wise Distribution

Age group	Males	Females	Total	Percentage (%)
21-30	09	10	19	31.6
31-40	03	12	15	25
41-50	06	15	21	35
51-60	01	04	05	8.3

Majority of patient population fall between the age group of 41 – 50 years i.e. 35%. The study was dominated by females 68.3% (n=41) than males 31.6% (n=19).

Table 2: Socio-Demographic Characteristics of the Respondents (N=60):

	High	Medium	Low	Total	Percentage (%)
Females					
21-30	02(20%)	05(50%)	03(30%)	10	16.67
31-40	00	02(16.67%)	10(83.33%)	12	20
41-50	00	01(6.67%)	14(93.33%)	15	25
51-60	00	00	04(100%)	04	6.67
Males					
21-30	01(11.11%)	06(66.66%)	02(33.33%)	09	15
31-40	00	01(33.33%)	02(66.67%)	03	5
41-50	00	02(33.33%)	04(66.67%)	06	10
51-60	00	00	01(100%)	01	1.66
Educational status					
Iliteraterates	00	04(19.05%)	17(80.95%)	21	35
Primary	00	06(33.33%)	12(66.67%)	18	30
Secondary	01(7.15%)	05(35.71%)	08(57.14%)	14	23.33
Higher	02(28.57%)	02(28.57%)	03(42.86%)	07	11.67
Bread winner					
Yes	00	06(24%)	19(86%)	25	41.66
No	03(8.57%)	11(31.43%)	21(60%)	35	58.33
Occupational status					
Cooley	00	05(27.8%)	13(72.2%)	18	30
Agriculture	00	00	04(100%)	04	6.66
Employee	02(25%)	04(50%)	02(25%)	08	13.33
Business	00	02(66.67%)	01(33.33%)	03	05
House wife	01(3.84%)	06(23.07%)	19(73.07%)	26	43.33
Student	00	00	01(100%)	01	01.66
Marital status					
Married	03(6.5%)	17(42.5%)	20(50%)	40	66.66
Un married	00	00	09(100%)	09	15
Widowed	00	00	05(100%)	05	08.33
Divorced	00	00	06(100%)	06	10
Habits					
Alcoholic	01(6.67%)	04(26.67%)	10(66.66%)	15	78.94
Smoker	01(5.88%)	06(35.29%)	10(58.83%)	17	89.47
Year of diagnosis					
2008	02(16.67%)	05(41.66%)	05(41.67%)	12	20
2009	01(16.67%)	03(50%)	02(33.33%)	06	10

2012	00	03(30%)	07(70%)	10	16.67
2013	00	02(25%)	06(75%)	08	13.33
2014	00	03(15%)	17(85%)	24	40
2015	00	00	04(100%)	04	6.67
Economical status					
I	02(100%)	00	00	02	3.33
II	01(25%)	02(50%)	01(25%)	04	6.67
III	00	03(60%)	02(40%)	05	8.33
IV	00	06(40%)	09(60%)	15	25
V	00	06(25%)	18(75%)	24	40
Previous admission					
Nil	00	04(16.67%)	20(83.33%)	24	40
1	00	03(20%)	12(80%)	15	25
2	01(10%)	05(50%)	04(40%)	10	16.67
3	02(50%)	01(25%)	01(25%)	04	6.67
4	00	02(40%)	03(60%)	05	8.33
5	00	00	02(100%)	02	3.33

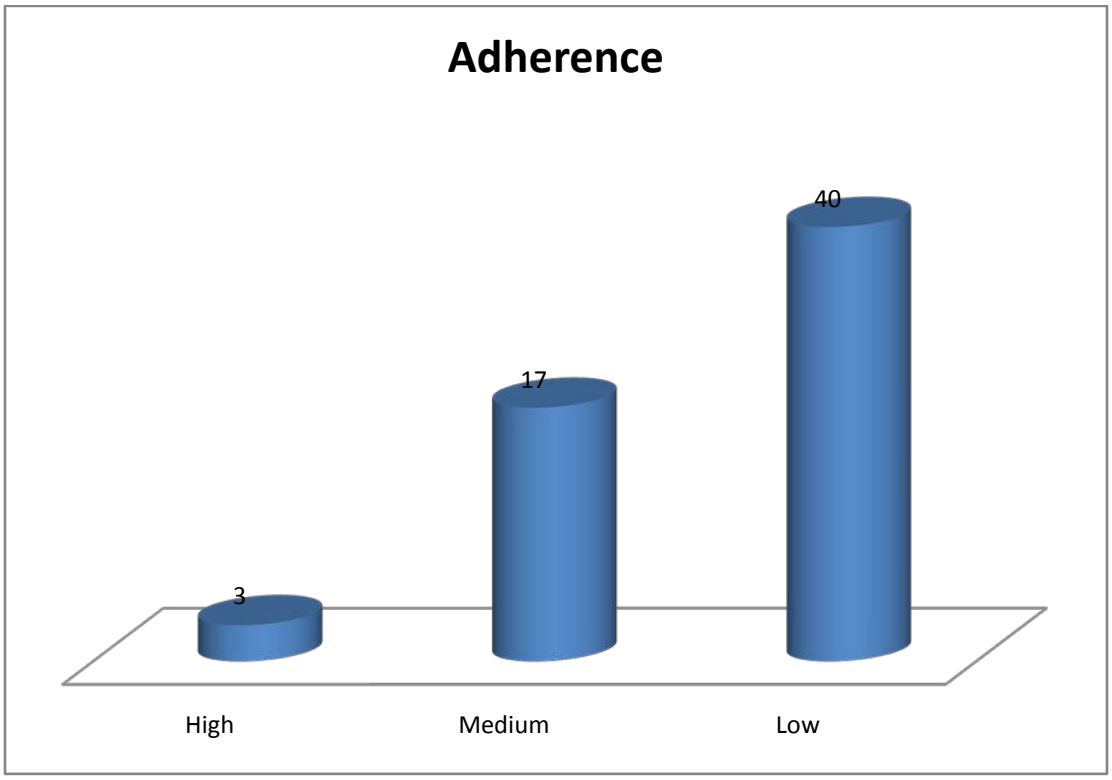
There are more number of illiterate patients (n=21, 35%) and less number highly educated patients (n=7, 11.67 %%) in the study. The subjects were predominantly married (n=40, 66.66%) compared to unmarried (n=9, 15%), widowed (n=5, 8.33%), divorced (n=6, 10%) patients. More number of patients in our study are not bread winners (n=35, 58.33%) in their family. The most frequently reported occupation was housewives (n=26, 43.33%) because there are more number of female patients. From the study it was found that among 19 male patients with depression, 89% (n=17) and 79% (n=15) presented with smoking history and alcohol consumption respectively. More number of patients are diagnosed by depression in 2014 (n=24, 40%). There are more number of patients who are not admitted as inpatients (n=24, 40%) for the treatment before. There are more number of economically lower class (n=24, 40%) patients in our study.

Table 3: Categorisation Based On ADRS Observed:

ADR	No. Of Cases	% of Cases
Weight gain	07	28
Fatigue	01	04
Tiredness	05	20
Headache	06	24
Nausea	01	04
Body cramps	01	04
Dizziness	03	12
Loss of appetite	01	04
Total	25	100

Among 60 patients, 25 Adverse Drug Reactions were observed in 23(38.33%) patients. weight gain is reported by more number of patients (n=7, 28%)

Figure 1: Level of Medication Adherence



Among the 60 depressive patients 3 (5%) are highly adherent, 17 (28.33%) are moderately adherent and 40 (66.67%) are poorly adherent.

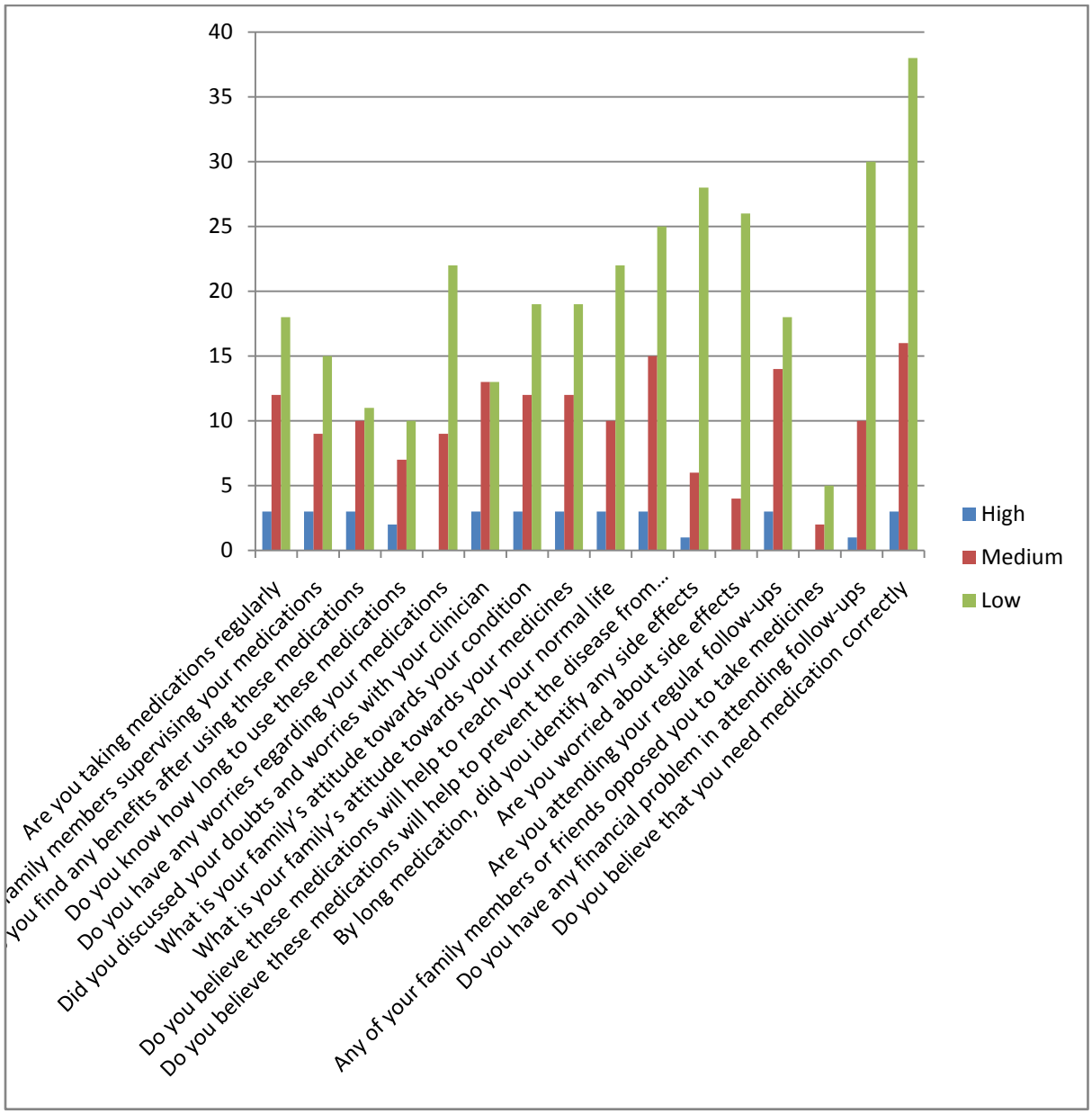
Table 4: Findings of Self Administered Questionnaire

QUESTIONS		HIGH	MEDIUM	LOW
Are you taking medications regularly	Yes	03	12	18
	No	00	05	22
Any of your family members supervising your medications	Yes	03	09	15
	No	00	08	25
Do you find any benefits after using these medications	Yes	03	10	19
	No	00	07	21
Do you know how long to use these medications	Yes	02	07	10
	No	01	10	30
Do you have any worries regarding your medications	Yes	00	09	22
	No	03	08	18
Did you discussed your doubts and worries with your clinician	Yes	03	13	13
	No	00	04	27

What is your family's attitude towards your condition	Yes No	03 00	12 05	19 21
What is your family's attitude towards your medicines	Yes No	03 00	12 05	19 21
Do you believe these medications will help to reach your normal life	Yes No	03 00	10 07	22 18
Do you believe these medications will help to prevent the disease from retaining	Yes No	03 00	15 02	25 12
By long medication, did you identify any side effects	Yes No	01 02	06 11	28 12
Are you worried about side effects	Yes No	00 03	04 13	26 14
Are you attending your regular follow-ups	Yes No	03 00	14 03	18 22
Any of your family members or friends opposed you to take medicines	Yes No	00 03	02 15	05 35
Do you have any financial problem in attending follow-ups	Yes No	01 02	10 07	30 10
Do you believe that you need medication correctly	Yes No	03 00	16 01	38 02

Among 60 patients, 33(55%) are taking medications regularly. 27(45%) patient's family members are supervising their medications. 19(37.67%) patients have agreed that they could find benefits with the medications. 19(37.67%) patients said that they are aware of how long to use the medication. 31(51.66%) patients said that they have worries regarding the medication. Few patients 29(48.33%) said that they discussed with clinician about medication doubts and worries. Few patients 34(56.66%) agreed that their family's attitude is supportive towards their condition. 37(61.66%) patients believed that medication will help them to reach their normal life. 40(66.66%) patients believe that medications will help to prevent the condition from retaining. 35(58.33%) patients answered that by long term medication use, they have identified side effects. 30(50%) patients complained of they are worrying about side effects. 35(58.33%) patients said that they are attending regular follow ups. 14.7(11.66%) whom have agreed that their family members or friends are opposing them to take medicines. 41(68.33%) patients have said that they have financial problem in attending follow-ups. 57(95%) patients believed that they need medication correctly.

Figure 2: Findings of Self Administered Questionnaire



DISCUSSION:

According to MMAS-8 scale among the 60 depressive patients 3 (5%) are highly adherent, 17 (28.33%) are moderately adherent and 40 (66.67%) are poorly adherent (as shown in Figure 1). According to **Sohini Banerjee et.al.(2012)**[11] 46 (19.2%) were highly adherent, 33 (13.8%) were moderately adherent and 160 (66.9%) were poorly adherent.

Females are more non adherent than males in our study (as shown in Table 2) similar to **Ignacio Martinez Parraga et.al.(2013)**[12] study. Highest adherence was observed in the age group of 21-30 years and poor adherence was observed in the age group of 51-60 years (as shown in Table

2), but **Sri Harsha et. al. (2015**)[13] study shows highest non adherence was in the age group of 31-40years and low adherence was observed in the age group of 61-70 years.

Illiterates are showing highest non adherence compared to highly educated people in our study which is also stated by **Ignacio Martinez Parraga et.al.(2013).**[12] A total of 60 patients 21(35%) are illiterates in which 4 (19.05%) are moderately adherent where as 17 (80.95%) are poorly adherent; 18 (30%) are educated up to primary level in which 6 (33.33%) are moderately adherent and the remaining 12 (66.67%) are poorly adherent; 14 (23.33%) are educated up to secondary level in which 1(7.15%) was highly educated, 5 (35.71%) are moderately adherent and 8 (57.14%) are poorly adherent; among 7 (11.67%) of highly educated patients 2 (28.57%) are highly adherent, 2 (28.57%) are moderately adherent and 3 (42.86%) are poorly adherent (as shown in Table 2).

Alcoholics and smokers having low adherence. There are 15 (25%) patients who are alcoholics among them 1 (6.67%) was highly adherent, 4 (26.67%) are moderately adherent and 10 (66.66%) are poorly adherent (as shown in Table 2). There are 17 (28.33%) patients who are smokers among them 1 (5.88%) was highly adherent, 6 (35.29%) are moderately adherent and 10 (58.83%) are poorly adherent (as shown in Table 2).

Bread winners having high adherence compared to those of patients who are not bread winner in their families. There are 25 (41.67%) patients who are bread winners in their family in which 6 (24%) are moderately adherent, 19 (86%) are poorly adherent. In remaining 35 (58.33%) patients 3 (8.57%) are having high adherence, 11 (31.43%) are having moderate adherence and 21 (60%) having low adherence (as shown in Table 2).

According to occupation of patients who are employees and businessmen having high adherence compared to housewives and daily labors which is similar to the **Sohini Banerjee et.al.(2012).**[11] There are 18 (30%) patients who works as Cooley in those patients 5 (27.8%) are moderately adherent and 13 (72.2%) are poorly adherent. 4 (6.67%) of patients are on agriculture where all are poorly adherent. 8(13.33%) are employees among them 2 (25%) are highly adherent, 4(50%) are moderately adherent and 2(25%) are poorly adherent. 3(5%) patients are in business in which 2(66.67%) are moderately adherent, 1(33.3%) has low adherence. 26(43.33%) are housewives among them 1 (3.84%) has high adherence, 6(23.07%) have moderate adherence, 19(73.07%) has low adherence. 1 (1.67%) is student who is a student (as shown in Table 2).

Considering marital status more number of patients are married 40(66.67%) who are more adherent(50%) than the patients who are unmarried (n=9,15%), widowed (n=5, 8.33%), divorced (n=6, 10%) (as shown in Table 2), which is similar to **Ignacio Martinez Parraga et.al.(2013)**.[12] According to economic status of the patients who are in upper class (class I) having high adherence, and patients in lower class (class II) are having low adherence (as shown in Table 2) which is similar to **Ignacio Martinez Parraga et.al.(2013).**[12]

Considering the previous admissions of patients who are having no admissions and having more number of admissions are poorly adherent to the medications where as patients having 2 or 3 admissions are highly adherent (as shown in Table 2), but in the study of **Sri Harsha et.al. (2015)**[13] stated that whether the number of admissions increased then the non-adherence to the medications was decreased. There are 25 ADR's reported by 23 patients in which 8(34.78%) are adherent and 15(65.22%) are non adherent with the treatment (as shown in Table 3), which is similar to **Ignacio Martinez Parraga et.al.(2013)**[12] in which 36.4% were adherent and 45.6% were non adherent.

According to self administered questionnaire, among 33(55%) patients who said yes for whether they are taking medications regularly, 15(45.45%) are adherent and 18(54.54%) are non adherent (as shown in Table 4). Among 27(45%) patients who said yes for that their family members are supervising their medications 14(51.85%) are adherent and 13(48.15) are non adherent (as shown in Table 4). This study found supervised treatment to be a good predictive factor for treatment adherence. There is in agreement with **Fenton SW et.al. (1997)**[14] which reported that supportive behavior provided by caregivers may reinforce medication usage and that higher medication usage may elicit supportive behavior from caregivers and this create a therapeutic chain of events. In a total of 19(37.67%) patients who have agreed that they could find benefits with the medications, 13(40.62) are adherent where as 19(59.37%) are non adherent (as shown in Table 4).

Among 19(37.67%) who said that they know how long to use the medication 9(47.36%) are adherent and 10(52.64%) are non adherent (as shown in Table 4). There are 31(51.66%) patients who said that they have worries regarding the medication, 9(29%) are adherent where as 22(71%) are non adherent (as shown in Table 4). In a total of 29(48.33%) who has said that they discussed with clinician about medication doubts and worries, 16(55.17%) are adherent and 13(44.83%) are non adherent (as shown in Table 4). This is in accordance with recent evidence which suggests that physician–patient congruence on their preferences for patient involvement in care is more important than congruence on demographic variables such as ethnicity, age, or gender **Jahng et. al. (2005).**[15] Cohesive partnerships and effective interpersonal communication make it possible for patients and physicians to work together to help patients follow mutually agreed upon recommendations. Effective interactions between patients and health care practitioners have been shown to be important in patient's acceptance of antidepressants and continuation of treatment. **(Bultman DC et.al. 2000).**[16]

Among 34(56.66%) who has agreed that their family's attitude is supportive towards their condition,19(64.7%) are adherent where as 12(35.3%) are non adherent (as shown in Table 4). This is in accordance with the study **Solberg LI et.al. (2003)**[17] that states social support from family or household members in patients with chronic disease has long been thought to be a factor that facilitates treatment adherence, but this has not often been tested specifically particularly in the antidepressant medication literature. Among 34(56.66%) who has agreed that

their family's attitude is supportive towards their medication, 19(64.7%) are adherent where as 12(35.3%) are non adherent (as shown in Table 7). This is in relevance with other studies such as **Sirey JA et.al. (2001),**[18] **Kadam Ut et.al. (2001).**[19] The environment and the social support available to patients also affect their willingness to adhere, especially when dealing with such conditions as depression carries a potential stigma.

Among 37(61.66%) who believed that medication will help them to reach their normal life, 13(40.54%) are adherent where as 22(59.46) are non adherent (as shown in Table 4). There are 40(66.66%) patients who believe that medications will help to prevent the condition from retaining, 18 (37.5%) of them are adherent and 25(62.5%) are non adherent (as shown in Table 4). Thirty five (58.33%) patients agreed that by long medication, they have identified side effects, 7(20%) are adherent and 28(80%) are non adherent (as shown in Table 4), as stated by previous studies **Baldessarini RJ et.al. (2008),**[20] **Kelly et.al. (2008)**.[21] The development of side-effects is one of the most commonly associated issues with the lack of adherence. 30(50%) patients agreed that they are worrying about side effects,4(13.33%) are adherent where as 26(86.67%) are non adherent (as shown in Table 4). This is in agreement with **Marijo B.Tambarrino et.al. (2009)**[22] study in which the same statement was positively answered by (24.8%) patients who were adherent and (60%) are non adherent.

Among 35(58.33%) who said yes for attending regular follow ups17(48.57%) are adherent where as 18(51.4%) are non adherent (as shown in Table 4). 7(11.66%) patients whom have agreed that their family members or friends are opposing them to take medicines, 2(28.57%) are adherent and 5(71.42%) are non adherent (as shown in Table 4). 41(68.33%) have said that they have financial problem in attending follow-ups, among them 11(26.82%) are adherent where as 30(73.18%) are non adherent (as shown in Table 4). Among 57(95%) of who believed that they need medication correctly, 19(33.33%) were adherent where as 38(66.66%) were non adherent (as shown in Table 4).

CONCLUSION:

The overall Non adherence rate is high in the study. The observed data suggested that age, gender, level of education, marital status, person being breadwinner, occupation, economic status, number of previous admissions, how long the person have been suffering with the disorder and side effects were effecting non adherence. Other modifiable factors such as family support, patient-physician relationship, attitude and beliefs of patient regarding medication affect the adherence to a serious extent. This study concludes that acquainting patient education/counseling and creating the knowledge for the patients to understand the significance of medication adherence can significantly change the scenario. Further research is also recommended in order to investigate other factors that may influence treatment satisfaction.

ACKNOWLEDGEMENT:

The author would wish to thank all participants in the study, Dr. N. Uma Jyothi madam, Sk. Shafiya Begum madam.

CONFLICTS OF INTERESTS:

No conflicts of interest.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.097/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

The Mental Health of People with Disabilities

Narsimulu[1]*

ABSTRACT

Disabled people are more likely to experience a lot, or a great deal, of worry than those who are not disabled. People with disabilities (e.g. physical impairments such as cerebral palsy, multiple sclerosis, spinal cord injury etc) are just as likely as the general population to experience mental health problems. They may be even more likely than the general population to need and use mental health services. Possible reasons for this may include – higher rates of poverty and unemployed amongst disabled people which are themselves associated with poor mental health; the greater risks of abuse experienced by disabled children and adults; and, some people with mental health support needs may be more likely to become physically disabled as a result of accidents or attempted suicide. There is also increasing acknowledgement that long-term mental health problems are correlated with conditions such as heart disease and diabetes.

People with disabilities appear to be at greater risk of mental health problems than the general population and therefore make a disproportionate contribution to mental health morbidity internationally. The personal and social costs of mental disorders are considerable throughout the world. The mental health of populations has been recognized as an international priority (World Health Organisation 2005). An important part of addressing this will be attending to the needs of people with disabilities who are a disproportionately disadvantaged group. In the following sections we briefly examine what is currently known about the association between disability and mental health. It is suggested that people with physical impairments and mental health support needs tend to be overlooked by policy-makers and commissioners of services. Many people with disabilities report having difficulty accessing mental health services because of their physical impairments. Many also have difficulty accessing physical disability services because of the inadequate recognition of mental health needs with disability related services.

Keywords: *Mental Health, Disabilities*

A Disability is a lack of ability relative to a personal or group standard or norm. In reality there is often simply a spectrum of ability. Disability may involve physical impairment, sensory

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impairment, cognitive or intellectual impairment, mental disorder (also known as psychiatric or psychosocial disability), or various types of chronic disease. A disability may occur during a person's lifetime or may be present from birth. Disability can be classified into several different types.

A model by which illness or disability is the result of a physical condition, is intrinsic to the individual (it is part of that individual's own body), may reduce the individual's quality of life, and causes clear disadvantages to the individual. As a result, curing or managing illness or disability revolves around identifying the illness or disability, understanding it and learning to control and alter its course.

Some World Facts Regarding Disabilities:

- According to UNICEF, 30 per cent of street youths are disabled.
- In most OECD countries, women report higher incidents of disability than men.
- Around 10 per cent of the world's population, or 650 million people, live with a disability. They are the world's largest minority.
- Eighty per cent of persons with disabilities live in developing countries, according to the UN Development Programme (UNDP).
- Comparative studies on disability legislation shows that only 45 countries have anti-discrimination and other disability-specific laws.
- Women with disabilities are recognized to be multiply disadvantaged, experiencing exclusion on account of their gender and their disability.
- This figure is increasing through population growth, medical advances and the ageing process, says the World Health Organization (WHO).
- In countries with life expectancies over 70 years, individuals spend on average about 8 years, or 11.5 per cent of their life span, living with disabilities.
- The World Bank estimates that 20 per cent of the world's poorest people are disabled, and tend to be regarded in their own communities as the most disadvantaged.
- In the United Kingdom, 75 per cent of the companies of the FTSE 100 Index on the London Stock Exchange do not meet basic levels of web accessibility, thus missing out on more than $147 million in revenue.
- Mortality for children with disabilities may be as high as 80 per cent in countries where under-five mortality as a whole has decreased below 20 per cent, says the United Kingdom's Department for International Development, adding that in some cases it seems as if children are being "weeded out".
- Women and girls with disabilities are particularly vulnerable to abuse. A small 2004 survey in Orissa, India, found that virtually all of the women and girls with disabilities were beaten at home, 25 per cent of women with intellectual disabilities had been raped and 6 per cent of disabled women had been forcibly sterilized.
- Disability rates are significantly higher among groups with lower educational attainment in the countries of the Organisation for Economic Co-operation and Development

(OECD), says the OECD Secretariat. On average, 19 per cent of less educated people have disabilities, compared to 11 per cent among the better educated.

- For every child killed in warfare, three are injured and permanently disabled.
- In some countries, up to a quarter of disabilities result from injuries and violence, says WHO.
- Research indicates that violence against children with disabilities occurs at annual rates at least 1.7 times greater than for their non-disabled peers.
- Persons with disabilities are more likely to be victims of violence or rape, according to a 2004 British study, and less likely to obtain police intervention, legal protection or preventive care.

Common Mental Health Issues Facing College Students

Below is a list of serious mental health issues known to affect college students and young people:

Depression: While it might be easy for a busy college student to write their depression off as school-induced stress, depressive tendencies can of course be symptoms of more serious mental health issues. In fact, a 2012 study reported that 44 percent of college students have one or more symptoms of depression. This startling statistic shows that hits depression faced by nearly half of all college students could lead to more complex mental health issues without the proper counseling to help them identify the source of their depression.

Anxiety: It goes without saying that most college students experience some degree of anxiety. As yo might expect, juggling assignments, exams, and part-time jobs can lead to serious levels of anxiety, which could then escalate into a major mental health issue or disorder. Students who feel like anxiety is getting the better of them should schedule some time to speak with a counsellor or mental health specialist in order to pinpoint the source of anxiety and figure out solutions to overcome it.

Suicide: The worst possible outcome of an untreated mental illness is suicide. Even for people without a serious mental disorder, the stress of an independent environment can lead to suicidal thoughts. Anyone who has seriously considered suicide should seek professional help immediately. Suicide hotlines staffed by specialists are usually the quickest and most discreet options for people to get the care and attention they need.

Bipolar Disorder: This is a major mental health disorder often characterized by extreme bouts of depression followed by periods of manic activity. With the stress and workload many college students face, it’s easy to pass off symptoms of bipolar disorder as mood swings. According to WebMD, severe enough mood swings will interfere with a person’s functioningcould be related to an underlying bi-polar disorder. Young people who find that their mood swings are causing difficulties in their personal or academic life should seek counseling from a mental health specialist immediately.

Eating Disorders: According to the National Eating Disorders Association, approximately 20 percent of women and 10 percent of men in college struggle with an eating disorder. For some, the pressure of losing weight and "looking good" might be enough to trigger the beginning of an eating disorder. For others, the stress of a busy social, academic and work schedule may make it difficult for them to find time to eat properly, which could also lead to a serious eating disorder down the line. While there are several different eating disorders, anorexia and bulimia are two of the most common. Eating disorders are serious and could lead to devastating consequences for a young person's health without immediate treatment from a mental health specialist.

Addiction: For individuals of any age, addiction can lead to significant and life threatening health issues without proper treatment. Addiction can be especially devastating for young people, who may turn to drugs, alcohol, or food to deal with general stress or an underlying mental health disorder. Binge drinking is an especially common form of addiction found on American campuses. According to the National Survey on Drug Use and Health, of the 61 percent of surveyed colleges students that drank, 40.5 percent binge drank and 16.3 percent were heavy drinkers. For many who struggle with addiction, often the hardest hurdle for them to overcome is admitting that they have a problem. If you or a young person you know is struggling with addiction, counselling from a mental health specialist or admission to a substance rehabilitation center are two viable treatment options.

Self-harm: Unlike other mental health issues, the underlying reason behind why young people choose to physically harm themselves still eludes researchers. Moreover, people who do harm themselves tend to do so in private and on areas of the body that may not be visible to others. Some estimate that up to 15 percent of college students have engaged in some form of self-harming behavior. Self-harm is a serious mental health issue that should be monitored by a trained mental health specialist.

Struggles with Identity**:** U.S. society has gradually come to accept the many disparate identities found within its borders. That said, in certain areas of the country, there is still a significant amount of intolerance directed towards people who identify themselves in a certain way. While a given identity will not necessarily indicate mental health struggles, the pressures of withstanding a hostile social environment could lead to severe stress and anxiety. Anyone struggling with extreme social pressures due to their lifestyle or identity should immediately seek help from a qualified specialist at their school or workplace.

Improving the mental health of people with disabilities

While there is clearly a need to address the physical health inequities experienced by people with mental disorders (Disability Rights Commission 2006; Rethink 2005), this chapter is concerned primarily with the mental health inequities faced by people with disabilities. These can be addressed through prevention initiatives and through the provision of mental health interventions that are appropriate for people who have other disabilities.

Prevention

There are two possible approaches to the promotion of mental health and the prevention of mental disorders in people with disabilities. The first is reducing the risk that people with disabilities will be exposed to conditions which are detrimental to mental health. The second is to improve the resilience of people with disabilities.

Evidence about the importance of socio-economic factors highlights a need for social and fiscal policies that reduce the chances of people with disabilities being exposed to the sorts of social conditions that negatively influence mental health (Emerson et al. 2009a). For example social policies to reduce income inequality could be expected to reduce the incidence and prevalence of both disability and mental disorders, and the association between the two. It is also important to ensure that policies facilitate employment for people with disabilities as unemployment contributes to financial hardship, social network contraction and psychological distress (Claussen 1999; Morrell et al. 1994). For those people with disabilities who are unable to work or unable to provide for themselves sufficiently through work, social protection should be provided at a level that is sufficient for people with disabilities and other vulnerable groups to live "flourishing" lives and participate in their communities (World Health Organisation 2008). Unfortunately even in higher income countries, income support payment rates for people with disabilities have failed to take account of the considerable extra costs associated with disability, resulting in people with disabilities facing high rates of poverty and hardship (Saunders 2006). Lastly, broad based policies that address such issues as public attitudes, disability discrimination, physical accessibility of community resources, and accessibility of information are needed to address disadvantages in social interaction and support and other elements of social exclusion for people with disabilities, such as exclusion from political engagement and civic participation (Burchardt et al. 2002). These types of prevention strategies address the need to understand mental health problems in vulnerable communities "less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing" (Friedli 2009).

Prevention efforts aimed at improving individual resilience to environmental risk factors fall into three categories (Mrazek and Haggerty 1994). Universal interventions are directed at entire communities. Selective interventions target high-risk groups based on demographic characteristics, such as people with disabilities. Indicated interventions are aimed at individuals who have been identified as having sub-clinical symptoms or early signs but who do not yet fulfill the criteria for having a mental disorder.

We found no studies that specifically investigated the efficacy of programs for preventing mental health problems amongst people with disabilities. However there is some evidence for the effectiveness of prevention programs more generally (Vitaro and Tremblay 2008; Webster-Stratton and Taylor 2001). For example, programs based on interpersonal psychotherapy and cognitive-behavioural therapy, particularly selective and indicated programs, have been found to

be effective in preventing depression (Barrera et al. 2007; Cole 2008; Cuijpers et al. 2008; Gladstone and Beardslee 2009; Stice et al. 2009) and anxiety disorders (Bienvenu and Ginsburg 2007; Feldner et al. 2004). As an 'at risk' group, people with disabilities may benefit from such approaches. Further, evidence from studies with people with spinal cord injury and arthritis indicate that the coping strategies people with disabilities use can influence their mental health (Pollard and Kennedy 2007; Treharne et al. 2007), suggesting that coping skills training in particular may be helpful. As is discussed below, however, people with cognitive disabilities, such as those with intellectual disabilities or brain injury, may not respond to talking therapies without some modification of the methods used.

Treating mental health problems

For most people with disabilities there is no good reason to believe that generic evidence based treatments will be more or less efficacious than for people without disabilities. Perhaps for this reason, the treatment of mental health problems in people with disabilities has not been investigated. Investigations into mental health interventions for people with particular conditions are sparse and have not produced convincing evidence of the efficacy of particular treatments (e.g., Elliott and Kennedy 2004; Walker and Gonzalez 2007).

For people with intellectual disabilities, often considered among the most vulnerable and underserviced groups with regard to mental health (Yen et al. 2009), there is a lack of a strong evidence base to support interventions (Gustafsson et al. 2009; Hemmings 2008). For this group in particular, talking therapies, such as CBT and psychotherapy could not be expected to be used in the same way as for people without cognitive impairments. These approaches would be unsuitable for clients without enough verbal understanding and expressive abilities to engage in the necessary dialogue. For others, modifications may be required such as reducing the level of abstraction in conversations, shorter session times, and use of pictorial images such as time-lines. In psychoanalytic interventions, interpretive links should be made in smaller parts so that clients can retain what is being said, while for cognitive behavioural therapy aids to memory and concentration may be needed, such as flip charts, visual aids and role plays, with literacy based materials being adapted, such as by using tape recorders, dictaphones or simplified diaries with stickers (Beail and Jahoda, in press).

There is evidence internationally that high proportions of people who have mental disorders do not seek or receive mental health treatment (e.g., Australian Bureau of Statistics 2008; Costello et al. 2007; Freedenthal 2007). For people with disabilities, additional barriers such as physical access and a lack of understanding of mental health workers about disability issues may further reduce service usage. It is therefore important for mental health services to be "disability friendly". Further, disability workers and others coming into contact with people with disabilities should be proactive in liaising with and referring people with disabilities to mental health services rather than assuming that problems with adjustment to disability are inevitable or will improve with time.

Some Suggestions for Preventing the Stress and improve the mental health

For college Disabled students and young people who do not struggle with significant mental health issues, there are still actionable steps to take in order to relieve stress and anxiety. Here are some suggestions to take into consideration:

Physical Activity: Physical activity releases "happy chemicals" in our brain known as endorphins that can have an almost immediate impact in balancing our mind and body's negative reaction toward stress and anxiety. Physical activity can also boost self-confidence and increase our ability to think clearly, focus, and inspire others to do the same.

Sleep and Diet Changes: Major changes in diet or sleep habits can also lead to elevated levels of stress or anxiety in a college student. Consistently staying up late to study for exams or finish assignments can mean some degree of sleep deprivation, which could lead to poor academic performance or more serious mental health issues. What's worse is that sleep deprivation and poor diet often go hand in hand. Dramatic shifts in diet will also impact a student's academic performance and mental health.

Psychiatric Care: If a student finds that the amount of stress they face is becoming too much to handle on their own, obtaining psychiatric care should be given serious consideration. Inpatient or outpatient care may be pursued depending on the severity of the mental health issues faced by the individual in need of care. Mental health specialists are there to help us overcome stress, anxiety, and many other issues impacting mental health. Remember that seeking psychiatric care should never be thought of as unreasonable.

Relaxation Exercises: No matter how stressed or anxious students become, there should always be something to count on as a source of positive relaxation. That said, many young people may not be able to find the opportunity to relax in the way that they prefer. Nonetheless, there are several quick and easy relaxation exercises to explore. Taking a few breaks each day to stretch, meditate, or even pick out a comfortable set of clothing can work to significantly reduce anxiety throughout the day.

Therapy and Counseling: Even if a young person feels that the stress in their life is not affecting their mental health, seeking therapy and counseling to understand how to better manage anxiety can still be helpful. Students may feel they have an exceptionally high tolerance for stress and anxiety, but that failing to learn new and better ways to manage their stress could rapidly lead to more serious mental health issues. Seeking therapy and counseling is often the safest and most effective way to get personalized advice before stress becomes a much more serious problem.

CONCLUSION

People with disabilities are at greater risk of mental health problems than other members of the community. A multitude of factors appear to contribute to this association including the life consequences of disability, the poor health of people with mental disorders and the circular relationship that exists between disability, social exclusion and mental health problems. Mental health and disability awareness need to be integrated into social policy and health care delivery at all levels.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.098/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Effect of Concept Attainment Model and Concept Attainment Model integrated with Cooperative Learning on Teaching Sanskrit of Class VIII Students

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ABSTRACT

The main objective of the present research work was to see the Effect of C. A. Mand C.A. Mintegrated with C. Lon attainment of Sanskrit concepts .For achieving the present objective of the study the investigator divided the purposeful sample of 207students into two groups i.e. Experiment Group & Control Group the investigator first administered Standardized Sanskrit Grammar Achievement Scale(SGAS) as Pre-Test , than applied 30 days treatment on both the group i.e. Experiment Group were taught the concepts of the Sanskrit Grammar according to C.A.M Method & Control Group were taught by C. A. Mintegrated with C.L Method. After treatment the investigator administered Standardized Sanskrit Grammar Achievement Scale(SGAS) as Post-Test on both the groups and after scoring the Pre-Test and Post-Test the final Gain score was obtained . For analysing the data Analysis of Variance(ANOVA) was used. The results revealed that there was a significant difference found for Area & Method at 0.01 level of Significance, Area X Gender, Area X Method, Gender X Method at 0.05 level of Significance between the C.A.M group & C. A. Mintegrated with C.L group. It proves that the C. A. Mintegrated with C. Lis the best way to teach concept of Sanskrit.

Keywords: *C.A.M, C.A.M integrated with C.L, Standardized Sanskrit Grammar Achievement test.*

Teaching a language is a multidimensional task which requires different techniques and methods compared with teaching other subjects. In order to study a language either as a first or second language, one makes an effort to develop and integrate four basic skills which are listening, speaking, reading and writing. However, it is difficult to improve all these skills all at once in terms of teaching a Sanskrit language since proficiency in learning a Sanskrit language differs

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from an individual to another, whereas a native language can be learnt by all the members of a society to some extent. Therefore, it is necessary to make use of various methods, techniques and models which will minimize the differences within a classroom and help learners to participate in lessons equally. Many researches has been done specially in term of C. A. M Anjum(2014),Das (2013), Kalani (2008-09), Superivadi (2009-10))compared C. A. M with Traditional Method and they found that C.A.M is significantly better than that of Traditional Method.

From the above researches it was observed that most of the researches has been done in abroad very few researches in India, Verdines Arredondo (2006), Maritza Reyes Baquero (2011), Adeyemi (2008) studied on C.L Method with Traditional Method and they found that C.L is significantly better than that of Traditional Method. Further investigator realises that C.A.M Method is effective only for the average and above average students then what about the below average students. To overcome this problem the investigator decided to integrate C.A.M with C. L. Therefore, the investigator keen to know what will be happen if C.A.M integrated with C.L? Thus the investigator selected the present research work.

OBJECTIVE OF THE STUDY:

For the purpose of experimentally verifying the proposition in the area of the study, the framed objective is-

- To Compare Gender & area wise the mean score of Achievement in Sanskrit of C.A.M with C.A.M integrated with C.L group of class 8^{th} students.

Hypothesis :

- There is no Significant Gender & area wise and their interactional difference between the mean score of Achievement in Sanskrit of C.A.M and C.A.M integrated with C.L group of class 8^{th} students.

METHODOLOGY:

In the present study the investigator used Non-Equivalent Control Group Design.

Sample:

For achieving the objectives of the present study, the investigator selected a purposive sample of 207 students from Class 8th were selected from Rural and Urban Area of Jabalpur District (M.P) (Rural Area-C.A.M Group: Male 15, Female 27; C.A.M integrated with C.L group: Male 18, Female 24 and Urban Area-C.A.M Group: Male 30, Female 23; C.A.M integrated with C.L group: Male 44, Female 26)

Tools of Study:

The tools used for the present study are given below:

(B) Measures of Independent variables

1. Standardized Sanskrit Grammar Achievement test.
   Number of Items - 70 Questions
   Types of Question – Objective type Questions each carry 1 marks.
   Time Limit – 40 minutes was given.
   Reliability – Reliability of SGAT was established with the help of Test- Retest Reliability Method. The Test- Retest Reliability coefficient was found to be 0.83.
   Validity–The Content Validity of SGAT was established by having a discussion with the subject experts in the field of Sanskrit Grammar. On the basis of expert's opinion, it was found that SAGT has High Validity.

Procedure:

In order to collect the data for the present study, the investigator administered a Standardized Sanskrit Grammar Achievement Test as a Pre-Test before treatment on Class 8th students of all the 3 groups (C.A.M Group & C.A.M integrated with C.L Group) of Rural and Urban Area of Jabalpur District. Then investigator applied 30 days treatment on all the three groups. After one month treatment the investigator again administered Standardized Sanskrit Grammar Achievement Test as a Post-Test on all the three groups of class 8th students of Rural and Urban Area of Jabalpur District. Gain scores was obtained after scoring pre & post- test (Post-Test score – Pre-Test score = Gain score).

Statistical Analysis –

Data was analyzed by Two Way Analysis of Variance(ANOVA).

RESULT AND INTERPRETATION:

Table No .1, 2X2X2 Summary Table of ANOVA for Sanskrit Achievement Of class VIII Students

Source	df	Sum of Squares (SS)	Mean Square(MS)	F
Area	1	68.307	68.307	5.746**
gender	1	3.141	3.141	.264
Method	1	232.883	232.883	19.590**
Area * gender	1	46.603	46.603	3.920*
Area * Method	1	52.207	52.207	4.392*
gender * Method	1	53.473	53.473	4.498*
Area * gender * Method	1	10.941	10.941	.920
Error	199	2365.644	11.888	
Total	207	17540.000		

****** Significant at 0.01 Level, * Significant at 0.05 Level

Table No. 2, Area, Gender, Method, Number, Mean, S.D Value of Academic Achievement Scores in Sanskrit of class 8th Students

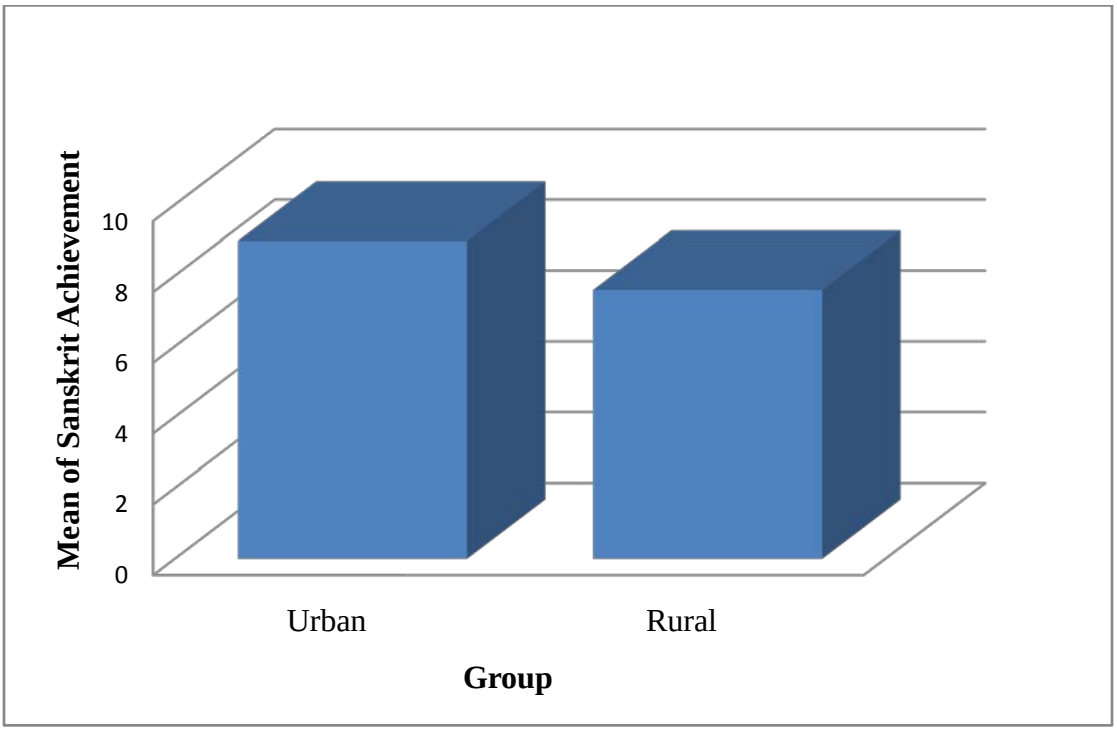
Area	Gender	Method	N	Mean	Std. Deviation
Urban	Male	C.A.M	30	7.9667	2.00832
		C.A.M +CL	44	10.6818	5.56890
		Total	74	9.5811	4.65526
	Female	C.A.M	23	8.2609	2.24048
		C.A.M +CL	26	7.8846	4.72717
		Total	49	8.0612	3.73836
	Total	C.A.M	53	8.0943	2.09637
		C.A.M +CL	70	9.6429	5.41077
		Total	123	8.9756	4.36165
Rural	Male	C.A.M	15	5.2000	1.20712
		C.A.M +CL	18	9.0556	2.01384
		Total	33	7.3030	2.56765
	Female	C.A.M	27	6.5185	1.57798
		C.A.M +CL	24	9.2083	1.99955
		Total	51	7.7843	2.22992
	Total	C.A.M	42	6.0476	1.57654
		C.A.M +CL	42	9.1429	1.98250
		Total	84	7.5952	2.36500
Total	Male	C.A.M	45	7.0444	2.20491
		C.A.M +CL	62	10.2097	4.85237
		Total	107	8.8785	4.24644
	Female	C.A.M	50	7.3200	2.08434
		C.A.M +CL	50	8.5200	3.70460
		Total	100	7.9200	3.05068
	Total	C.A.M	95	7.1895	2.13529
		C.A.M +CL	112	9.4554	4.43956

Effect of Area on Academic Achievement in Sanskrit of Class 8th students

From Table No.1 it can be seen that the F- Value for Area is 5.746 which is significant at 0.01 level of significance with df = 1/199. It indicates that the mean scores of Academic Achievement in Sanskrit of class 8th students who belonging to Urban and Rural Area of Jabalpur District differ significantly. So there is significant effect of Area on Academic Achievement in Sanskrit of class 8th students. Thus the null Hypothesis that "There is no significant effect of Area on Academic Achievement in Sanskrit of class 8th students" **is rejected**. Further the mean score of Urban area is 8.976 which is significantly higher than that of Rural Area whose mean score is 7.5952 [Vide Table No. 2]. It may, therefore be said that Academic Achievement in Sanskrit of

class 8th Urban Area students was found to be significantly superior than that of Rural Area students. which is shown in Graph No.1

Graph No.1, Sanskrit Achievement of Urban & Rural Area Class VIII Students



Effect of Gender on Academic Achievement in Sanskrit of Class 8th students

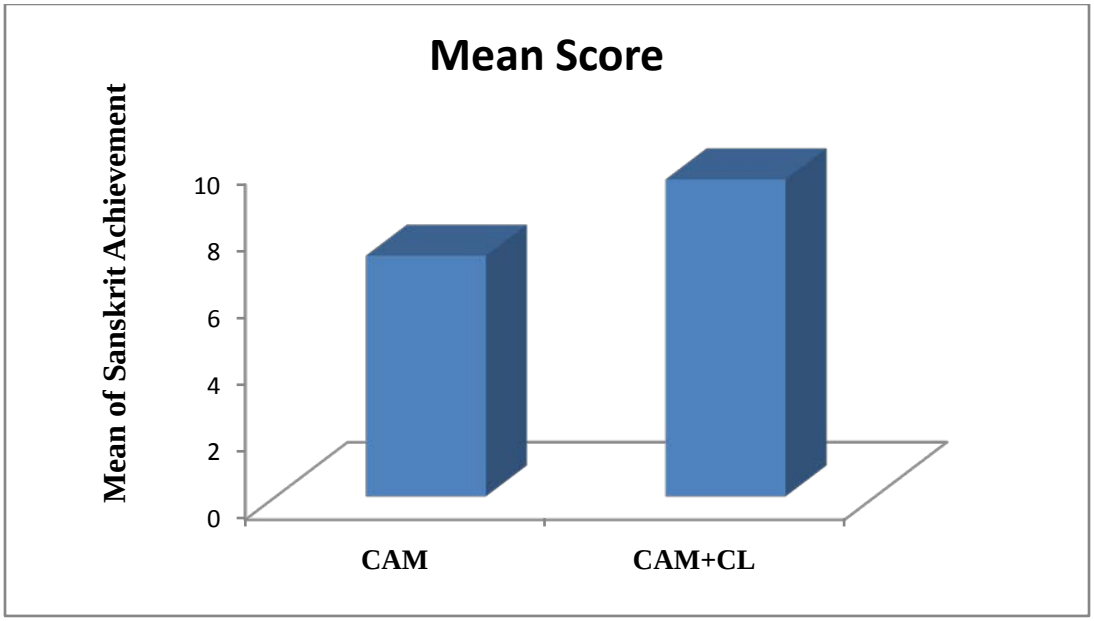
From Table No. 1 it can be seen that the F- Value for Gender is 0.264 which is not significant. It means that the mean scores of Academic Achievement in Sanskrit of class 8th Boys and Girls did not differ significantly. So there was no significant effect of Gender on Academic Achievement in Sanskrit of class 8th students. Thus the null hypothesis that there is no significant effect of Gender on Academic Achievement in Sanskrit of class 8th **is not rejected.** It may, therefore be said that Academic Achievement in Sanskrit of both Boys and Girls of Class 8th students were found to have almost same.

Effect of Method on Academic Achievement in Sanskrit of Class 8th students

From Table No.1 it can be seen that the F- Value for Method is 19.590 which is significant at 0.01 level of significance with df = 1/199. It indicates that the mean scores of Academic Achievement in Sanskrit of class 8th students who were taught by C.A.M method group and C.A.M integrated with C.L method Group differ significantly. So there was a significant effect of Methods on Academic Achievement in Sanskrit of class 8th students. Thus the null Hypothesis that "there is no significant effect of Methods on Academic Achievement in Sanskrit of class 8th students" **is rejected**. Further the mean score of C.A.M integrated with C.L Method is 9.4554 which is significantly higher than that of C.A.M Method whose mean score is 7.1895 [Vide Table No. 2].It may, therefore be said that Academic Achievement in Sanskrit of class 8th

students who were taught by C.A. Mintegrated with C.L Method was found to be significantly superior than that of those who were taught by C.A.M Method. It is also shown in Graph No. 2. As the investigator realizes during teaching that students enjoy learning with C.A.Mintegrated with C.L Method, feel proud to be a member of a group and celebrate when a group member is recognized for achievement. This method enhances student satisfaction with their learning experience and develops student's social skills.

Graph No. 2, Achievement in Sanskrit of CAM Group & CAM +CL Group of Class VIII Students



Effect of Interaction between Area and Gender on Academic Achievement in Sanskrit of Class 8th students

From Table No.1 it can be seen that the F- value for interaction between Area and Gender is 3.920 which is significant at 0.05 level of significance with df = 1/199. So there was a significant effect of interaction between Area and Gender on Academic Achievement of class 8th students. Thus the null hypothesis that "there is no significant effect of interaction between Area and Genderon Academic Achievement of class 8th students" **is rejected**. The mean score of Rural Area Girls is 9.2083whereas the mean score of Rural Area Boys is 9.0556 which is almost same [Vide Table No. 2]. Further the mean score of Urban Area Boys is 10.6808which is significantly higher than that of Urban Area Girls whose mean score is 7.8846 [Vide Table No. 2]. It may, therefore be said that the Academic Achievement in Sanskrit of class 8thUrban Area Boys who were taught by C.A.Mintegrated with C.L Method was found to be significantly superior than that of Rural Area Boys & Girls. The investigator while teaching with C.A.Mintegrated with C.L Method that Urban Area Boy srecognize that all group members share a common fate i.e all sink or swim together here. C.A.Mintegrated with C.L Method develops the Social Coherence skill among students.

Effect of Interaction between Area and Method on Academic Achievement in Sanskrit of Class 8th students

From Table No.1 it can be seen that the F- value for interaction between Area and Method is 4.392 which is significant at 0.05 level of significance with df = 1/199. So there was a significant effect of interaction between Area and Method on Academic Achievement of class 8th students. Thus the null hypothesis that there is no significant effect of interaction between Area and Method on Academic Achievement of class 8th students **is rejected**. Further the mean score of Urban Area students who was taught by C.A.M integrated with C.L is 9.6429 which is significantly higher than that of Urban Area students who was taught by C.A.M whose mean score is 8.0943. Rural Area students who was taught by C.A.M integrated with C.L is 9.1429 which is significantly higher than that of Rural Area students who was taught by C.A.M whose mean score is 6.0476 [Vide Table No. 2]. It may, therefore be said that Urban Area students who were taught by C.A.M integrated with C.L were found significantly higher Academic Achievement in comparison to Rural Area class 8th students. The investigator feels that Urban Area student easily understand the concept by using this method. It is also helpful for above & below average level learners. Further above average level learner understand the concept better while they explain the concept to below average learner. Students enjoy this group process by supporting one another.

Effect of Interaction between Gender and Method on Academic Achievement in Sanskrit of Class 8th students

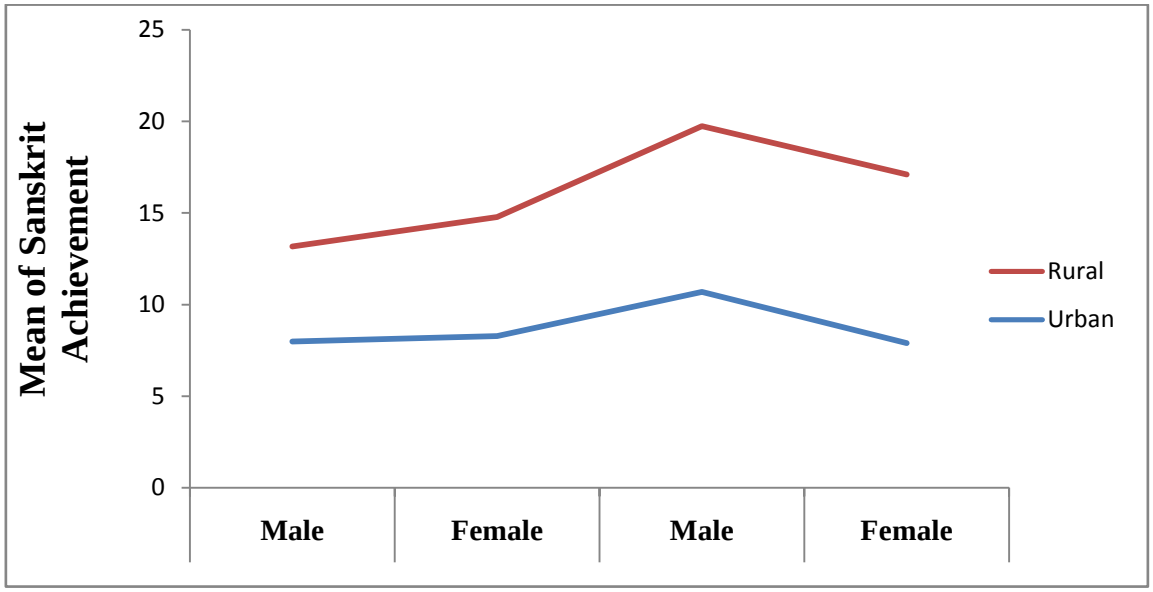
From Table No.1 it can be seen that the F- value for interaction between Gender and Method is 4.498 which is significant at 0.05 level of significance with df = 1/199. So there was no significant effect of interaction between Gender and Method on Academic Achievement of class 8th students. Thus the null hypothesis that "There is no significant effect of interaction between Gender and Method on Academic Achievement of class 8th students" **is rejected**. Further the mean score of C.A.M integrated with C.L Method Boys is 10.2097 [Vide Table No. 2] which is significantly higher than that of C.A.M Boys & Girls. It may, therefore be said that Boys who were taught by C.A.M integrated with C.L Method were found to have significantly higher Academic Achievement in comparison to that of Boys & Girls Achievement who were taught by C.A.M Method. Students supporting one another by take responsibility of a group and provide opportunities for students to listen multiple voices and consider multiple perspectives while using C.A.M integrated with C.L Method.

Effect of Interaction among Area, Gender and Method on Academic Achievement in Sanskrit of Class 8th student

From Table No.1 it can be seen that the F- value for interaction among Area, Gender and Method is .920 which is not significant. So there was no significant effect of interaction among Area, Gender and Method on Academic Achievement of class 8th students. Thus the null hypothesis that "There is no significant effect of interaction among Area, Gender and Method on Academic

Achievement of class 8th students" **is not rejected**. Further the mean score of Urban Area Boys who was taught by C.A.M integrated with C.L is 10.6818 which is significantly higher than that of Rural Area Boys who was taught by C.A.M integrated with C.L whose mean score is 9.0556. Rural Area Girls who was taught by C.A.M integrated with C.L is 9.2083 which is significantly higher than that of Urban Area Girls who was taught by C.A.M integrated with C.L whose mean score is 7.8846 [Vide Table No. 2].It is shown in Graph No. 3.It is clear that C.A.M integrated with C.L method makes students easier to create link between subject matter studied at school and out of school, thus increasing the relevance of school learning for students.

Graph No. 3, Achievement in Sanskrit of Urban & Rural Area, CAM Group & CAM +CL Group of Class VIII Students



CONCLUSION

On the basis of above discussion it is clear that:-

1. The C.A.M integrated with C.L is the best method than that of C.A.M for teaching Sanskrit of all level of learners with different ability.
2. Sanskrit Academic Achievement of class 8th students of Urban Area is better than that of Rural Area in C.A.M integrated with C.LMethod.
3. C.A.M integrated with C.LMethod develops cooperation, social interaction and Team sprite in students.
4. C.A.M integrated with C.LMethod makes students active, attentive and alert throughout the class.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.099/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Achievement Motivation: A Comparative Study of Private and Government School Students

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ABSTRACT

The present research study aim is to know the achievement motivation of school with relation to their Gender in Jalgaon city. The sample consisted of 120 Secondary school going students in Jalgaon city. Out of which 60 were private school student and 60 were Government school students. For the investigation Achievement Motivation scale of V.P. Bhargava (1994) was used. The obtained data was analyzed through 't' test to know the significant difference between the boys and girls in the private school student and a significant difference in Achievement Motivation Government school students. Result show that the student of private school have significantly higher in Achievement Motivation in comparison to Government school students.

Keywords: *Achievement Motivation, Private and Government School Students*

In the present competitive world everybody desires for a high level of achievement. Today's modern society expects everyone to be a high achiever. Quality of performance has been regarded as a key factor for personal progress and national development. A modern democratic society cannot achieve its aim of economic growth, technical development and cultural advancement without fully harnessing the talents of its citizens, because enlightened citizens are said to be the most valuable assets of society, who cherish democratic values preserve in basic human preserve in basic human freedom .Achievement motivation is an important determinant of aspiration, effort and persistence. When an individual expects that his performance will be evaluated in relation to some standard of excellence, such behavior is achievement oriented. There is a universal tendency in man to strive, to excel and succeed and to win and go ahead of others. This tendency can be called the self assertion or the motive to achieve.

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REVIEW OF LITERATURE

Ryckman et al. (1988) conducted a study on gender relationships among intellectual achievement, responsibility, questionnaire and measured achievement and grades. Data were collected from 145 girls and 142 boys of fourth to sixth grade students of California using California achievement test. The results revealed no significant gender differences in academic achievement of the students. **Cherian (1992)** investigated the relationship between parental education and academic achievement of 369 boys and 652 girls whose ages ranged from 13 to 17 years of Transkei in South Africa. The marks obtained by the pupils in the class were aggregated as the criterion measure of academic achievement of the students. Findings revealed significant effect of parental education on academic achievement of their children. **Vijayalakshmi and Natesen (1992)** studied factors influencing academic achievement on a sample of 100 students consisting of 50 boys and 50 girls studying in ninth standard of Coimbatore. The total marks obtained by the students in quarterly and half yearly examination were taken as academic achievement. Findings indicated significant gender difference in academic achievement and girls were found to have higher academic achievement as compared to boys. **Khare and Garewal (1996)** conducted a study on home environment and academic achievement of elementary school children. The sample comprised of 212 students of middle schools of Bhopal. The results revealed a significant difference in academic achievement of boys and girls. Boys were found to have better academic achievement than girls.

OBJECTIVES OF THE STUDY

1) To compare the achievement motivation of government school boys and girls students.
2) To compare the achievement motivation of private school boys and girls students.
3) To study the effect of difference on achievement motivation of government and private school going students.

Hypothesis -

1) There is significant difference between private school boys and girls students in achievement motivation.
2) There is significant difference between government school boys and girls students in achievement motivation.
3) There is significant difference between government and private school going students in achievement motivation.

Variable -

A) Independent variable

1) Gender - Boys and Girls
2) School - Private and Government

B) Dependent variable

1) Achievement motivation.

METHOD

Sample of the study -

The sample chosen for this research is the 120 student of government and private school students from jalgaon city were selected by random sampling method. Out of which 60 were private school students and 60 were Government school students living in jalgaon city.

Tools –

Achievement motivation -

In the present study to measure Achievement motivation level, Achievement motivation Scale develops by V.P.Bhargava was used. It can be used as a group of individual test. It takes about 15 to 25 minutes to complete all twenty five items of the test. Its test- retest reliability is 0.63 and spilt-half reliability is 0.72.The test by showing that recognized high achievement score high on this test.

Procedure of data collection -

The students who were studying in private and Government school going students lived in jalgaon city. Data were randomly selected and Achievement Motivation scale by V.P. Bhargava (1994) administered and data was collected.

Statistical analysis

't' test was applied to know the significant difference between private and government school going students living in jalgaon city.

RESULT & DISCUSSIONS

Table-I, Level of Achievement motivation in private school boy and girls students.

Group	N	DF	Mean	S.D	't' value	Level of sign
Private school Boys	30	58	21.09	3.63	2.98	0.05
Private school Girls	30		18.90	3.25		

Significant at 0.05 levels (1.98)

Table No-01 show the level of achievement motivation in private school boys and girls student was found significant at 0.05 levels.

Table No-01shows those boys' students would have higher achievement motivation compared with girl's student.

Table-01 shows clear and significant difference in achievement motivation between boys and girls student. On achievement motivation private school boys mean score significantly higher than private school going girls.

Table-II, Level of Achievement motivation in government school boys and girls students.

Group	N	DF	Mean	S.D	't' value	Level of sign
government school Boys	30	58	17.00	3.50	2.44	0.05
government school Girls	30		19.5	2.60		

Significant at 0.05 levels (1.98)

Table No-02 show the level of achievement motivation in government school boys and girls student was found significant at 0.05 levels.

Table No-02 shows that government school girl's students would have higher achievement motivation compared with boys' student.

Table -02 shows clear and significant difference in achievement motivation between boys and girls student. On achievement motivation girls mean score significantly higher than government school going boys.

Table-III, Level of Achievement motivation in private & government school going students.

Group	N	DF	Mean	S.D	't' value	Level of sign
Private school students	60	118	21.72	3.21	2.93	0.05
government school students	60		17.97	3.98		

Significant at 0.05 levels (1.98)

Table No-3 show the level of achievement motivation in private and government school students was found that significant at 0.05 levels.

Table No-3 shows that private students would have higher achievement motivation compared with government school student.

Table -03 shows clear and significant difference in achievement motivation between private & government school students. On achievement motivation private school student mean score significantly higher than government school student.

DISCUSSION

First hypothesis Result obtained after analysis it data are show table no -01 reveals that significant difference was found between private school boys and girls students with reference to their achievement motivation . That's why above hypothesis is accepted. It means that today's educational, family and economical factor are mostly affecting on boys achievement motivation then girls.

Second hypothesis result obtained after analysis it data are show table no-2 reveals that there would be significant difference was found between government school boys and girls students with reference to their achievement motivation. The finding of the present study is in agreement with the studies conducted by **Vijayalakshmi and Natesen (1992)** studied factors influencing academic achievement on a sample of 100 students consisting of 50 boys and 50 girls studying in ninth standard of Coimbatore. The total marks obtained by the students in quarterly and half yearly examination were taken as academic achievement. Findings indicated significant gender difference in academic achievement and girls were found to have higher academic achievement as compared to boys. That is why the above finding can be supported by the conclusion of the studies carried out by **Vijayalakshmi and Natesen (1992).**

Third hypothesis shows that private students would have higher achievement motivation compared with government school student. It's clear and significant difference in achievement motivation between private & government school students. On achievement motivation private school student mean score significantly higher than government school student.

CONCLUSION

1) There is significant difference between private school boys and girls students with relation to achievement motivation.
2) There is significant difference between Government school boys and girls students with relation to achievement motivation.
3) There is significant difference between Government and private school students with relation to achievement motivation.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.100/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Hardiness and Psychological Distress among University Students Studying In Madhya Pradesh

Jaya Jotwani[1]*

ABSTRACT

Mental health has become an increasingly important concern in our society with more and more psychological disorders affecting the younger population. Moreover, the prevalence and seriousness of psychological disorder have been found to be on the rise among university students and their level of mental distress has also been found to be higher compared to the general population. Therefore, mental health of the student population deserves our special attention because not only the university students have to deal with the academic demands and heavy workloads associated with pursuing a higher education but they also have to face a wide myriad of personal, academic and social challenges in this critical and often transitional period of one's life. This co-relational study examines the relationship between hardiness and psychosocial distress among 100 university students studying in Madhya Pradesh. The sample was selected on purposive basis. These dimensions with reference to demographic factors are included for analyses and their relationships with the levels of psychological distress measured by Kessler Psychological Distress Scale (K10) (2003) and hardiness measured by Bartone's Dispositional Resilience Scale (DRS-15) (1993) are investigated. In addition, possible domicile and gender differences in the pattern of associations are explored. The data were compiled using self-administered questionnaires, and the collected data were processed and interpreted using comparative statistics and correlation analyses. The results indicate that there is a significant negative correlation between hardiness and psychological distress among university students. Furthermore, students belonging to rural areas showed higher levels of psychological distress than urban students In contrast, there is no significant difference in the levels of hardiness as well as in psychological distress between male and female university students.

Keywords: *Hardiness, Psychological Distress.*

Hardiness: An event may be stressful for someone and for another may not. Some people have resistance against stress and this resistance against stress is known as hardiness. Therefore, the

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level of hardiness varies across people. To be described as hardy means to be strong and tolerant of stressful situations. According to the Oxford Dictionary, "Hardiness is the ability to endure difficult conditions". While as "English Collins Dictionary" states Hardiness as "the condition or quality of being hardy, robust or bold".

The construct of hardiness was first introduced by Kobasa (1979), who defined it as a resistance resource in the encounter with stressful situations. Maddi and Kobasa (1984), believe that the foundation of an individual's ability to successfully cope with stress and remain healthy is personality style, which they termed "Hardiness". Psychologically "hardy" individuals have a different view of themselves and of the world. Moreover, according to Kobasa (1979), Hardiness is defined in terms of more specific dimensions of control, commitment and challenge characteristics that may influence both cognitive appraisal and behavior in response to stressful events. Higher control reflects the belief that persons can exert an influence on their surroundings, such persons feel that they have the power to turn an unfortunate situation into an advantageous one. Higher commitment is defined in terms of an individual's full engagement in activities and strongly committed people have a sense of purpose and self understanding, allowing them to uncover meaning in which they are and value in, such persons seem to perform in cheerful and effortless manner. Highly challenged individuals believe that change rather than stability characterizes life. Such persons anticipate change as affording them an opportunity for further development.

Psychological Distress: Many people around the globe experience severe stressors like war, earthquakes, or terrorist acts, and adversities such as poverty and family disruption which in most cases have negative effects on subsequent developmental pathways. However, not all individuals become as heavily affected by stressors as expected and show competence, thriving, and other positive outcomes instead of malfunction and problem behaviors.

A Brief History of Stress: Stress, as a concept in modern science, is usually described as having its roots in the middle of the 19th century when Claude Bernard (1813-1878) introduced the term "milieu intérieur" to denote the dynamic internal environment necessary for living organisms (Chrousos &Gold, 1992; Goldstein & Kopin, 2007; Le Moal, 2007). In the beginning of the 20th century, Walter Cannon (1871-1945), in his studies on the sympathetic-adrenal system, coined the term "homeostasis" for the maintenance of physiological variables, as well as the principle of negative feedback for its regulation. Cannon introduced the "fight or flight reaction" as the catecholamine response to a wide variety of harmful stimuli, and demonstrated the role of catecholamines in the control of homeostasis. In the 1930s Hans Selye (1907-1982) studied the pituitary-adrenocortical system and popularized the concept of "stress", a term he transferred from mechanics to physiology. He defined stress as the non-specific response of the body to any demand placed upon it. And stressors according to Wheaton is "Conditions of threat, demands,

or structural constraints that, by the very fact of their occurrence or existence, call into question the operating integrity of the organism'' (Wheaton, 1996).

OBJECTIVES

1) To study hardiness and psychological distress in university students studying in M.P.
2) To study the relationship between hardiness and psychological distress in university students studying in M.P.
3) To study the significance of difference in hardiness and psychological distress among university students studying in M.P with reference to their gender, and domicile (rural & urban).

Hypotheses

1) There is no significant relationship between hardiness and psychological distress among university students studying in M. P.
2) There is no significance of difference in hardiness among university students with reference to their gender and domicile.
3) There is no significance of difference in psychological distress among university students with reference to their gender and domicile.

METHODOLOGY

Design:

A structured questionnaire was distributed to a purposively selected sample of 100 university students studying in M.P. The sample was compared with reference to some demographic variables including domicile (rural and urban) and gender. The distribution corresponds to the distribution on campus with 50% females and 50% males. The questionnaire consisted of structured questions. The data collected from the sample was analysed by various statistical techniques such as Mean, SD, Z-test, and Pearson Correlation with the help of SPSS.

The present study is a correlation study which analyzed the data collected in 2015, which provides baseline information at the beginning of the quality reform. Only the data collected from the university students studying in M.P. were included in current study.

Sample:

The research consists of 100 university students studying in M.P. (50 males and 50 females), who were selected by purposive sampling.

Inclusive Criteria: The university students studying in M .P.

Exclusive Criteria: The students of M. P. studying outside of their State.

Statistical Techniques:

For achieving the desired objectives, the collected data will be analysed by using the following statistical techniques: Descriptive statistics such as Mean, SD etc. shall be used in order to make raw data tangible. Pearson's product moment correlation shall be used to measure the

relationship between different variables. t-test shall also be applied to assess the difference between different variables.

Tool Description:

The following standard tools shall be administered to gather the information from the participants for the present study:

Psychological Distress Scale (K10): The Kessler psychological distress scale is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five level response scale. The measure can be used as a brief screen to identify levels of distress. The tool can be given to patients to complete, or alternatively the questions can be read to the patients by the practitioner. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

The Dispositional Resilience Scale (DRS-15): Hardiness was measured using the 15-item scale developed by Bartone (1995) consisting of three dimensions including commitment, control and challenge. For this instrument participants respond on a 4-point scale indicating the level at which each of the 15 statements apply to them as follows: 0 (not at all true); 1 (a little true); 2 (quite true); & 3 (completely true). Scores are obtained by reverse coding the appropriate and summing items for each dimension. The overall hardiness score is obtained by summing all 15 items.

Operation Definitions of the Variables

Hardiness: According to Maddi (1990), "Hardiness refers to a personality trait that indicates the manner in which a person might interpret a critical incident, life stress, or traumatic event".

In the present study hardiness means the scores obtained by subjects on the Dispositional Resilience Scale (DRS-15) developed by Bartone (1995).

Psychological Distress: Psychological distress is an unpleasant subjective state, which takes two major forms, depression and anxiety. Each is represented by mood and malaise. Mood refers to feeling and malaise refers to physical symptoms the person experiences. Depression and anxiety are related forms of distress largely sharing the same social map (Mirowsky & Rose, 2003).

In the present study psychological distress means the scores obtained by subjects on the psychological distress scale developed by Kessler (2003).

RESULTS

Table 1: Shows correlation between hardiness and psychological distress among university students studying in M. P. Correlations

		Hardiness	Psychological distress
Hardiness	Pearson Correlation	1	-.535**
	Sig. (2-tailed)		.000
	N	100	100
Psychological distress	Pearson Correlation	-.535**	1
	Sig. (2-tailed)	.000	
	N	100	100

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.3 shows that the relationship between hardiness and psychological distress among university students studying in M. P. is significant (N = 100, p = .000 < .01). There is a negative correlation (r = -.535) which is fair and it is highly significant at the .01 level of significance (2-tailed). It can be concluded that the university students studying in M. P. who have higher levels of hardiness are inclined to report lower levels of psychological distress. Hence, our null hypothesis, *"there is no significant relationship between hardiness and psychological distress among university students studying in M. P.''* is rejected.

Table 2: Showing means difference of hardiness and psychological distress between male and female subjects.

Gender	N	Mean	SD	t	Df	Sig. (2-tailed)
Hardiness	50	43.88	4.736			
Male	50	43.32	6.258	.505	98	.615NS
Female						
Psychological distress	50	23.44	6.018	.580	98	.563NS
Male	50	22.68	7.046			
Female						

NS = No significant difference.

The results presented in the above table reveal the t-value of the mean scores of hardiness and psychological distress with reference to gender.

There is no significant difference in the levels of hardiness between male and female university students. The mean level of hardiness in the females was 43.32 (SD=6.258), and the mean for

males was 43.88 (SD = 4.736); t (98) = .505. Hence, the null hypothesis, *''there is no significant difference in hardiness between male and female university students''* is accepted.

Moreover, no significant difference in psychological distress between male and female sample was found. The mean level of psychological distress in the females was 22.68 (SD = 7.046), and the mean for males was 23.44 (SD = 6.018); t (98) = .580. Thus, our null hypothesis, *''there is no significant difference in psychological distress between male and female university students''* is accepted.

Table 3: Showing means difference of hardiness and psychological distress between rural and urban subjects.

Domicile	N	Mean	SD	t	Df	Sig. (2-tailed)
Hardiness. Rural Urban	37 63	43.03 43.94	5.014 5.822	-.793	98	.430[NS]
Psychological distress. Rural Urban	37 63	25.27 21.76	6.077 6.483	2.673	98	.009**

** = Significant at 0.01 level of significance.

[NS] = No significant difference.

The results presented in the above table reveal the t-value of the mean scores of hardiness and psychological distress with reference to domicile (rural and urban).

No significant difference in hardiness between rural and urban sample was found. The mean level of hardiness in the rural university students studying in M.P. was 43.03 (SD = 5.014), and the mean for urban university students was 43.94 (SD = 5.822); t (98) = -.793. Thus, our null hypothesis, *''there is no significant difference in hardiness between rural and urban university students studying in M.P.''* is accepted.

In contrast, the sample belonging to rural areas have higher levels of psychological distress (N = 37, M = 25.27, SD = 6.077) than sample of urban areas (N = 63, Mean = 21.76, SD = 6.483); (t = 2.673, *df* = 98, *p*< .01, two-tailed). Therefore, there is a significant difference in the levels of psychological distress between rural and urban university students studying in M.P. Hence, the null hypothesis, *''there is no significant difference in psychological distress between rural and urban university students studying in M.P.''* is rejected.

Discussion

Hardiness is the ability of an individual to combat stress. In contrast, stress is a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioural changes that are directed toward altering the stressful event or accommodating to its effects (Baum, A., 1990). The main aim of this study was to assess the level of hardiness and

psychological distress in university students studying in Madhya Pradesh. The first hypothesis of the study was that there would be no significant relationship between hardiness and psychological distress among university students studying in Madhya Pradesh. To check this relationship correlation analysis was used. The result of present study showed that there is a significant negative correlation between hardiness and psychological distress among university students. So the result does not support the study hypothesis. This result is consistent with those of Kenneth, M. N. (1986); Rhodewalt & Agustsdottir (1984); and Shepperd, J. A. & Kshani, J. H. (1991). There is no single study that produced the opposite results that there is positive relation between hardiness and psychological distress. The reason may be is that variables, hardiness and psychological distress are opposite in nature. So these constructs produced negative results in almost every condition.

First major part of the second hypothesis of the present study was that there would be no significance of difference in hardiness among university students with reference to their gender. To check this difference t-test was used. The result of the present study showed that there is no significant difference in hardiness between male and female university students. So the hypothesis is accepted. This result is similar with other studies such as Rhodewalt & Agustsdottir (1984); Soderstrom, M.; Dolbier, C.; Leiferman, J.; and Mary Steinhardt (2000) and Shepperd, J. A. & Kshani, J. H. (1991). While on the other hand the study conducted by Jagpreet Kaur (2011) produced the opposite results that there is gender difference in hardiness. The results of these studies showed that females possess less hardiness as compared to males. This may be attributed to the differential treatment which is given to the boys and girls in some Indian societies. There is a preference of male children in Indian context. Hence, the preferential treatment and the exposure given to the male children as compared to the female counterparts may be responsible for these results (Verma, R. K. & Ghadially, R., 1985). So these results are different and contradict to the present study. The reason may be that the populations are different. Jaspreet Kaur's research was on the population of adolescents while the present study was on the population of university students. The students at this stage of development share equal rights and freedom given by their family as well as by their society. Second part of this hypothesis of the present study was that there would be no significant difference in hardiness among university students with reference to their domicile (rural & urban). To check this difference t-test was used. The result of the present study showed that there is no significant difference in hardiness between rural and urban university students. So the hypothesis is accepted. Not a single study was found on hardiness with reference to domicile. As for as the population of present study is concerned, it consists of university students which mean that they are well qualified and have attained higher self-esteem. This may have boosted the belief of the female and rural students that they are not the weaker section.

One major part of the third hypothesis of the study was that there would be no significant difference in psychological distress among university students with reference to their gender. To check this difference t-test was used. The result of the present study showed that there is no

significant difference in psychological distress between male and female university students. So the hypothesis is accepted. This result is similar with other studies such as Robinson, MacCulloch, & Arentsen (2014); Suarez (2004); Jhanjee (2013); Carroll, Toovey & Gempel (2006); Stoeckle, Zolo & Davidson (1964); McGarry (2013) and Hains et al. (2014). While on the other hand the study conducted by Mujeeb & Zubair (2012); Sajeel (2011); Gill, Ahmedi, & Irfan (2010) and Jabeen (2012) produced the opposite results that there is gender difference in psychological distress. The results of these studies showed that women experience less resilience as compared to men. One possible explanation is that there is much difference in environmental factors in different countries. Secondly, the level of awareness and ability to cope the traumatic situation is different culturally. Thirdly, the literacy rate also effect the general well being of individual as it was told that education is a social instrument that guide the future and destiny of individuals. Fourthly, the equality of gender is a significant factor. In developed cultures the women are consider equal to men. While on the other hand, in under developing countries the women emancipation is still a dream. Fifthly, in under developing countries the women are considering a passive creature to take part in daily affairs. While in developed countries the women are considering an equal partner in daily life. Last but not least, the ability of resources of rescue is more in developed countries as compared to under developing countries. So these are the reasons that are responsible that why the results are different in different countries. There are may be other reasons that are responsible in this regard. Second part of the third hypothesis of the present study was that there would be no significant difference in psychological distress among university students with reference to their domicile. To check this difference t-test was used. The result of the present study showed that there is no significant difference in psychological distress between rural and urban university students studying in M.P. So the hypothesis is accepted. Not a single study was found on psychological distress with reference to domicile.

CONCLUSION

Mental health of the student population deserves our special attention because not only the university students have to deal with the academic demands and heavy workloads associated with pursuing a higher education but they also have to face a wide myriad of personal, academic and social challenges in this critical and often transitional period of one's life. Society and people develop higher expectations from them as they can contribute what the society needs. The aim of the present work was to study the hardiness and psychological distress among university students. From the analysis of the above data it has been found that there is a fair negative correlation in hardiness and psychological distress as it has been already mentioned in discussion that the reasons may be because these two variables are opposite in nature. Thus, it can be concluded that the university students studying in M. P. who have higher levels of hardiness are inclined to report lower levels of psychological distress and vice versa.

It can also be concluded that at the university level there is no gender difference in the levels of hardiness and psychological distress. Moreover, the university students do not differ in the levels

of hardiness with respect to their domicile. The students belonging to rural areas do not differ in hardiness with the students of urban areas. In contrast, the rural students have higher levels of psychological distress than those of the students of urban areas.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.101/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Inclusive Education: Challenges & Practices

Md. Amzad[1]*

ABSTRACT

Inclusion is an educational approach and philosophy that provides all students with community membership and greater opportunities for academic and social achievement. Inclusion is about making sure that each and every student feels welcome and that their unique needs and learning styles are attended to and valued. Research shows that most students learn and perform better when exposed to the richness of the general education curriculum, as long as the appropriate strategies and accommodations are in place.

Today it is widely accepted that inclusion maximizes the potential of the vast majority of students, ensures their rights, and is the preferred educational approach for the 21st century. Unfortunately, the philosophy has not always been widely held. Our thinking and acceptance has evolved rapidly over the last century, and continues to evolve, in response to federal and state law, along with our changing social and political beliefs. As we strive to meet these challenges, the involvement and cooperation of educators, parents, and community leaders is vital for the creation of better and more inclusive schools.

Keywords: *Inclusive Education, Teachers, Philosophy, Policy Makers.*

Inclusion is both a practice and a basic underpinning of modern educational philosophy. The practice of inclusion in public schools is based on the legal concept of Least Restrictive Environment (LRE). Least Restrictive Environment has come to be known, through legal challenges and due process, as that educational experience that is most like that received by non-disabled students. Schools are expected to offer a full spectrum of placements in the best interest of children, from full inclusion, which means receiving all instruction in the general education setting, to residential treatment, when it is in the best interest of the child, and all alternate levels of restrictions have been exhausted.

Inclusion enhances learning for students, both with and without special needs. Students learn, and use their learning differently; the goal is to provide all students with the instruction they

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need, to succeed as learners and achieve high standards, alongside their friends and neighbours. Proponents of mainstreaming hold that students with special needs be placed in the general education setting solely when they can meet traditional academic expectations with minimal assistance. Simply placing students with special needs in the regular classroom is not enough to impact learning. Teachers in an inclusive school need to vary their teaching styles to meet the learning styles of a diverse population of students. Only then can the individual needs of all our students be met. Schools of the future need to ensure that each student receives the individual attention, accommodations, and supports that will result in meaningful learning.

PHILOSOPHY OF INCLUSION

Inclusion is also an educational philosophy. Supported by research, it fosters belief that children with disabilities do better in general education settings with typically developing peers. It also advances the understanding, also supported by research, that best practices in special education, especially differentiation, provides the most success for general education as well as special education students. Unlike "mainstreaming" which proposed to stick students qualifying for special education in general educations to "sink or swim," inclusion holds that students of broadly differing abilities can succeed with appropriate support.

As an educational practice, inclusive education obviously attempts to provide equal access to academic instruction and social opportunities for all students, regardless of ability levels. There are many different advantages to inclusion, including opportunities for social integration (Peck & Scarpati, 2004); ease in accessing the general curriculum (Abel, Bauder, & Simmmons, 2005); academic improvement (Hunt, Doering, & Hirose-Hatae, 2001); and positive outcomes for students with and without disabilities (Idol, 2006).

According to Peters (2007) there are four assumptions underlying inclusive education:

1. All students come to school with diverse needs and abilities, so no students are fundamentally different.
2. It is the responsibility of the general education system to be responsive to all students.
3. A responsive general education system provides high expectations and standards, quality academic curriculum and instruction that are flexible and relevant, an accessible environment, and teachers who are well prepared to address the educational needs of all students.
4. Progress in general education is a process evidence by schools and communities working together to create citizens for an inclusive society who are educated to enjoy the full benefits, rights and experiences of societal life (p.99)

It is generally agreed that schools need a strong philosophy of inclusion which supports the right of all children to participate in an inclusive way (Special Education Review Committee, 2000; Lupart, 2002; Bunch, 1999). Raymond (1995) quotes Klaus Puhlman of the Yellowknife School District, who presents the following tenets of a positive inclusive philosophy:

- Every student has the right to participate in all aspects of school life;
- Every student will participate in a regular homeroom with supports to individual needs provided through that classroom – modification of regular curriculum will take place outside the regular classroom only if specific skills cannot be accommodated within a regular setting;
- All students will be placed in an age-appropriate setting, within the student's attendance area.

The Saskatchewan Special Education Unit (2001) also provides a number of indicators of inclusive educational philosophy. These include:

- Individualization and child-centered programming;
- Sharing of educational responsibility with the student's family;
- Learning with "age-appropriate" peers who do not have disabilities;
- Educational goals "that is functional for the life and life direction of the particular student involved".
- The use of teaching methods that is natural and least intrusive;
- Provision of instruction in multiple environments – classroom, other school environments, the home, the community;
- Integration of needed supports/services and types of instruction.

COMMON PRACTICES IN CLASSROOMS

Students in an inclusive classroom are generally placed with their chronological age-mates, regardless of whether the students are working above or below the typical academic level for their age. Also, to encourage a sense of belonging, emphasis is placed on the value of friendships. Teachers often nurture a relationship between a student with special needs and a same-age student without a special educational need. Another common practice is the assignment of a buddy to accompany a student with special needs at all times (for example in the cafeteria, on the playground, on the bus and so on). This is used to show students that a diverse group of people make up a community, that no one type of student is better than another, and to remove any barriers to a friendship that may occur if a student is viewed as "helpless." Such practices reduce the chance for elitism among students in later grades and encourage cooperation among groups.

Inclusive Model

In an inclusive model, general classroom teachers are the primary provider of instruction for students with disabilities. As a result, they must develop strategies to facilitate the successful inclusion of this group of students (Prater, 2003). Two methods are generally used to facilitate successful inclusion: facilitating the acceptance of the students with disabilities and providing services to support their academic success. Student with disabilities who are included in general education classrooms are not always automatically accepted by their nondisabled peers. As a result it is the teacher's responsibility to promote this acceptance. In addition to facilitating

acceptance, teachers must also implement instruction strategies that can be used to support inclusion. Examples of these include:

- Response to intervention
- Cooperative learning
- Peer supports
- Strategy instruction and
- Self-determination strategies

Classroom teachers possibly play the most important role in the success of inclusion (Hobbs & Westling, 1998). Thus, they must be able to perform many different functions, including:

1. Acting as a team member on assessment and IEP committees
2. Advocating for children with disabilities when theory are in general education classroom and in special programs
3. Counseling and interacting with parents of students with disabilities
4. Individualizing instruction for students with disabilities
5. Understanding and abiding by due – process procedures required by federal and state regulations
6. Being innovative in providing equal educational opportunities for all students, including those with disabilities.

Inclusive Classroom Practices and Design: Teachers Role

- Speak only positively about all children in the classroom and to other staff – present the positive aspects of each student
- Take clues from the child, think in terms of strengths and progress rather than deficits
- Give students a sense of control over their own learning
- Cue students who do not respond well to change in advance of daily program/subject transitions
- If the teacher sets the tone for acceptance, students will follow the example
- Involved students in supporting each other
- Don't carry problems over from day to day
- Don't blame the student for a lack of proper resources
- Express student's positive accomplishments to parents
- Make an effort to listen to and understand the knowledge of parents
- Collaborate with other teachers involved with the same students

CONCLUSION

Inclusive in education is an approach to educate students with special educational needs. Under the inclusion model, students with special needs spend most or all of their time with non-disabled students. Implementation of these practices varies. Schools, most frequently use them for selected students with mild to severe special needs. Inclusion can be organized in several ways and on different levels, but essentially, it is the team of teachers who has to deal with an increasing diversity of student needs within their school and classes, and has to adapt or prepare

the curriculum in such a way that the needs of all students are contented. The current context in which teachers are working is one of rapid change. All areas of education have changed during the past decades, with major changes to the role of teachers, together with the introduction of new approaches to the curriculum and assessment. It is clear that teachers are crucial in building more inclusive schools.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.102/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Promulgation of RTE-Act among Disabled Children

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ABSTRACT

Disability is not merely a physical fact, but also involves a normative, cultural, and legal concept. The society's perception of a disabled person also reflects its idea of a normally functional human being and the definition as considered by the society gives us an insight into the society's self image. The recognition by the society of the terms mentally and physically disabled also implies a responsibility of the society towards the people who fit that description. A society with deep ethos of social responsibility is likely to be more open in its definition of disability. The Right of Children to Free and Compulsory Education Act, 2009 is landmark legislation in the history of the Nation that makes elementary education a fundamental right for children between the ages of 6-14. But millions of children with disabilities got left out in the Act. Being a Challenged Person i would like to extent to knowledge about educational and psychological well being of disabled children's. In my point of view there are many challenges and issues are not implementing properly the challenges like lack of awareness, not involving the teachers directly, there is no implementation in lower level educational systems, there is any reviews of the act at least yearly once. Etc. This paper highlights some of the challenges that are faced by children with disabilities in achieving their right to education. If we can implement all above issues related challenges all most maximum numbers of disabled children are benefit in future. This paper also disseminates knowledge by giving suggestions for effective implementation of RTE for the children with disabilities.

Keywords: *Persons with Disabilities, Right to Education, Human Rights.*

Right to education can indeed provide a ripe platform to reach the unreached persons with disabilities, if specific provisions are given to them. Despite the rising enrolments, disabled persons still miss out disproportionately on receiving any kind of education and have to face many challenges. Sarva Shiksha Abhiyaan (SSA) talks of Education for all but the fact remains that many disabled children are not enrolled under this scheme due to their severity of disability. For the first time, the right to education of disabled children was given special focus with the

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passing of the Persons with Disabilities (PWD) Act. The RTE Act has not mentioned about children with disabilities. By acknowledging and promoting the equal rights of disabled children to education we can bring a change. Taking disabled children' rights seriously requires strong and immediate action.

Education is both a human right in itself and an indispensable means of realizing other human rights. It enables children and young people to develop a sense of their own worth and respect for others. In doing so, it fosters their ability to contribute to and participate fully in their communities. Education is the primary vehicle by which economically and socially marginalized children and young people can eventually lift themselves out of poverty, through developing the skills and qualifications necessary for quality paid work

The Right of Children to Free and Compulsory Education Act, 2009 is landmark legislation in the history of the Nation that makes elementary education a fundamental right for children between the ages of 6-14. But millions of children with disabilities got left out in the Act. Amendments to this law are due to be presented to the Parliament in a supposed attempt to correct this huge oversight. But rather than taking a progressive step towards inclusion, the proposed Amendments seem to be itching towards legalizing exclusion of children with severe and profound disabilities.

In 2002, elementary education was made a fundamental right in our country. The right to free and compulsory education for children between the ages of 6 to 14 is a fundamental right inscribed under Article 21 (A) of the Constitution of India which says, "The States shall provide free and compulsory education to all children of the age of six to fourteen (6-14) years in the manner as the State may by Law, determine."

In 2009, the Government of India passed the Right of Children to Free and Compulsory Education Act, 2009 or the R.T.E. Act. This is the Act that translates the vision of the fundamental right to education into reality. The R.T.E. Act did not include children with disabilities specifically in the disadvantaged groups, even though national studies show that children with disabilities are the largest group of out of school children. It is also well known that children with disabilities are over represented amongst the poorest of the poor in any country.

The Right of Children to Free and Compulsory Education Act, 2009 is landmark legislation in the history of the Nation that makes elementary education a fundamental right for children between the ages of 6-14. But millions of children with disabilities got left out in the Act. Amendments to this law are due to be presented to the Parliament in a supposed attempt to correct this huge oversight. But rather than taking a progressive step towards inclusion, the proposed Amendments seem to be itching towards legalizing exclusion of children with severe and profound disabilities. Children with disabilities, including children with very high support needs, are equal holders of this fundamental right. Yet today, through the proposed Amendments

to the Right to Education (R.T.E.) Act, 2009, this fundamental right of the child is being watered down and instead of a school, home is being offered as a legitimate, alternative option for the education of a child with high support needs.

Who are the disabled children that can benefit from the Act?

While the original RTE Act passed in April 1, 2010 specifically mentions children with disability, the Amendment passed in 2012 resulted in an expanded definition of children with disability and other enabling measures. This broader definition now includes:

- A child with disability is to be included in the Act's definition of children belonging to a 'disadvantaged group'.
- A child with 'disability' as defined in 1995 Persons with Disabilities Act
- A child with 'disability' and 'severe disability' as defined in National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999.

International human rights framework

The human right of all children to education has been recognised since the Universal Declaration of Human Rights (UDHR, Article 26) in 1948, and has been articulated in a range of international conventions, including the International Covenant on Economic, Social And Cultural Rights (ICESCR, 1966) and the Convention on the Rights of the Child (CRC, 1989).

The right to education is outlined in the Convention on the Rights of the Child, in articles 28 and 29. Article 23 recognises children with physical or mental disabilities are entitled to enjoy a “full and decent life” in conditions that ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. The Committee on the Rights of the Child’s General Comment No.9 on the rights of children with disabilities specifically adopts inclusive education as the goal for educating disabled students.

Education (Salamanca Statement) - The statement sets out four assumptions that form the basis of the inclusive education philosophy:

- All students come to school with diverse needs and abilities, so no students are fundamentally different
- It is the responsibility of the general education system to be responsive to all students
- A responsive education system provides high expectations and standards, a quality curriculum and instruction, an accessible environment and teachers who are well prepared to address the educational needs of all students
- Progress in general education is a process evidenced by schools and communities working together to create citizens for an inclusive society.

The UN Convention on the Rights of Persons with Disabilities was adopted by the UN General Assembly on 13 December 2006. Article 7 affirms disabled children are entitled to the entire

range of human rights inherent to all children. Their right to appropriate support in making their voices heard is emphasised in both articles 7 and 24. Article 24 also recognises:

- A clear commitment to the principle of inclusive education
- The specific needs of children with severe and complex sensory impairments who require learning supports such as sign language, Braille and low vision aids
- Disabled children require support that is individually tailored and resourced (both in terms of time and staffing) and decided in partnership with them and their parents.
- Modifications to the curriculum, styles of teaching and classroom organisation may be necessary.

Right to Education Act and Disabled Children:

- Right to elementary education becomes the fundamental right of each and every child including 8-10 percent disabled children u/s 3(1) of Right to Education (RTE) Act 2009 and u/s 2(i) of the Person with Disability (PWD) Act, 1996.
- Section 3(1) envisages that 'Every child of age 6-14 years shall have a right to free and compulsory education in a neighbourhood school till completion of elementary education'.
- Provided that a child suffering from disability, as defined in section 2(i) of the PWD Act,1996, shall have right to pursue free and compulsory elementary education in accordance with the provisions of Chapter V of the said Act.
- Among the age group of 6-14, there are 8-10 percent those children who are suffering from disability shall also have right to pursue free and compulsory elementary education in accordance with the provisions of the said act.
- Apart from normal children, one of its prime objectives is to include the excluded children with special need (CWSN) in the mainstream schools and educate them without any discrimination.
- Inclusion is not an experiment to be tested but a value to be followed. All the children whether they are disabled or not have the right to education as they are the future citizens of the country.

KEY ENTITLEMENTS AND COMMITMENTS UNDER THE PWD ACT, 1995

The PWD Act has both binding entitlements and more general commitments. The key provisions are:

Education: The following are binding on Government (i.e. not subject to economic factors):

- Governments shall ensure that every CWD has access to free education "in an appropriate
- Environment" until the age of eighteen.
- Governments "shall initiate or cause to be initiated" research by public and non-governmental agencies for development of both assistive devices and special learning materials for CWD in order to promote equal opportunity in education.
- Governments shall ensure teacher training that produces "the requisite manpower" for teaching of CWD both in special schools and integrated settings.
- All public educational institutions and other receiving aid from Government shall reserved not less than 3 percent of seats for PWD (i.e. for PWD over 18 years).

- Government should prepare a "comprehensive education scheme" for CWD which includes transport or financial incentives, barrier free access, supply of book, uniforms and learning materials to CWD, adjusts the examination system as necessary, adapts curriculum for CWD.

Prevention and early detection of disabilities: All commitments in this area are given with the provisions "within the limits of their economic capacity and development".
With provisons, Governments should:

- Undertake surveys on causes of disability.
- Promote "various methods" for preventing disabilities.
- Screen children at least once a year for identifying at-risk cases.
- Provide facilities for training PHC staff.
- Conduct or sponsor awareness campaigns on hygiene, health and sanitation, and on causes and prevention of disabilities.
- "take measures" for pre-, peri- and post-natal care of mother and child.

Challenges of Right to Education of Disabled Children:

1. Pre-schooling of Disabled Children
2. Issue of Equality and Equity of RTE
3. Discrimination in School
4. Quality of Special Teachers
5. Violation of RTE Act

Challenges need to be addressed:

Pre-Schooling: 0 to 6 years of the CWSN are excluded from the ambit of the RTE Act-2009

Equality and Equity of RTE:

- Do the disabled have the same right to education as those who are not disabled?
- Do they are equally treated in classroom?
- Do they given equal opportunities to educate in mainstream schools?

Discrimination in Schools:

- Teachers and peers are discriminating CWSN
- Due to lack of sensitivity the teachers began to fell problem in overall looking after such children

Quality of Resource Teachers:

- A person possessing B.Ed. (SE) degree recognized by RCI may be appointed as elementary teachers.
- But candidate has to qualify in TET conducted by central government or state government.

Financial Crunch over Education of CWSN:

- Act has no genuine concern for financial allocation required to ensure RTE

Estimates for the additional resources required to achieve the goal of universal elementary education currently range from 0.8 per cent to 2.5 per cent of GDP

Violation of RTE:

- There are not any provisions for action against government authorities, in case of any negligence in implementation of Right to Education.

DISCUSSION

In India the development of right to education has undergone an eventful journey, when the Constitution was enacted education was kept in the Part IV of the Constitution, as Directive Principles of State Policy, wherein Article 41 provides rights to work, to education, and to public assistance in certain cases. Article 45 makes provision for free and compulsory education. Article 46 provides the promotion of educational and economic interests of scheduled castes, scheduled tribes and other weaker sections. Education is a two way concept, it is the state's obligation to provide education by way of the Directive Principles of State Policy, and it is also guaranteed as a fundamental right in Part IV of the Indian Constitution. Having more options is always better. The education bill aims to provide free education to children with severe disabilities, which is a welcome move as long as it is implemented properly. With the Right to Education (RTE), there are more options available today to children belonging to different backgrounds to receive quality education than before. For those suffering with severe disabilities, the right to receive home-based education is a reforming idea.

CONCLUSION

The need of the hour is that there should be various options available whether children are special or normal. When the RTE Act is implemented, we must see that the schools meet the required standards. It is true that inclusion is going to require a systemic change. We need changes in curriculum and the ways in which we transact this curriculum, teacher training and flexibility in administration. R.T.E. tells us how the fundamental right to education will be implemented in our country. We have seen that it has been able to make fundamental systemic changes in the education scenario of our country. By acknowledging and promoting the equal rights of disabled children to education we can bring a change. Taking disabled children' rights seriously requires strong and immediate action. If we can implement all above issues, all most maximum numbers of disabled children may be benefited in the future.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.103/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

A study on Differences between Parental Support System and Dimensions of Identity Development among Adolescents

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ABSTRACT

The aim of this investigation was to identify the differences between parental support system and dimensions of identity development among adolescents. A sample number of 120 adolescents belonging to different age groups from schools and colleges were selected for the study. Parental Support Scale developed by Dr. Niveditha Sharma and Nimmi Khare (2002) and questionnaire developed by Cheek and Briggs (2013) on aspects of identity development was used for data collection. Results indicate that, there were significant differences found in the mean scores of perceived parental support system and identity development of adolescents and further the results also shows the significant differences between two variables such as identity and the dimensions of parental support system i.e. parental interest and parental resource provision. Which means the adolescents who are receiving high parental support in terms of parental interest and parental resource provision had high mean scores on aspects of identity development such as social, relational and collective identity.

Keywords: *Identity, Identity Development, Parents, Parents Support.*

Adolescence is a transitional period of growth and change including the development of mature forms of thought, emotion and behavior. Identity construction is a unique time in every adolescent's life. Noteworthy stage theorist, Erik Erikson(1968), has illustrated the importance of identity formation in adolescents lives, further asserting that the age old question of 'who place themselves into hypothetical situations to help them find the best 'fit' with regard to identities; they're great at using their imaginations to envision how others will see them upon the changes they enact.

This is a transitional period in life characterized by physiological, cognitive, biological, emotional, and hormonal changes. Lot of time and energy are invested on their part to reach this important goal as it goes the distance to fulfill their sense of belonging and accomplishment.

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Erikson impresses upon society that this is a highly mental and social process, rolling cues from the environment, opinions, observations, and reactions from friends and family into making the decision of which steps to take to find out who they are or in which direction to proceed (Schmitt et al., 2008).

According to Erikson (1968) the family helps in orienting children toward roles that are expected out of them at different stages of their lives. Furthermore, Rana and Shirali (2010) explained that family plays a critical role in adolescent identity formation by clarifying their confusion about change and transition. Based on the fact that parents serve as primary socializers of their children (Phinney & Reis, 2009), there is increasing evidence that along with parenting practices and parental support have strong influences on adolescent identity formation (Bartle-Haring, 1997; Grotevant, 1998; Sartor & Youniss, 2006).

Parental support is one of the most important contribution parents can make to the adolescents development. Greater the parents support, greater the social competence (self-esteem, moral behaviour, academic achievement and vocational development). Support can be shown in several ways such as physical affection, companionship and sustained contact. It is the crucial period adolescents struggle for their own identity. They are progressing into a period of maturation that is uncertain. They need guidance and strong support that comes from their parents.

METHOD

Selection of sample

- Purposive sampling procedure was used to select sample for the present study
- Sample comprised of 120 adolescents with equal number of boys and girls were selected for the study.

Sampling procedure

Criteria for sample selection are:

1. Age range of adolescents should be between 13-21 years.
2. Students studying schools and colleges were selected for the study.

Table-1 Details about distribution of sample

S.No	Age	Boys	Girls	Total
1	13-15 (early adolescents)	20	20	40
2	15-17 years (Middle Adolescents)	20	20	40
3	17-21 years (later adolescents)	20	20	40
	Total	60	60	120

Measurement Tools:

In order to find out the mean differences between parental support system and dimensions of identity development among adolescents two scales were used. To find out the adolescents perceptions on parental support system, a scale developed by Dr.Niveditha Sharma and Nimmi Khare (2002) and questionnaire developed by Cheek and Briggs (2013) on aspects of identity development was used for data collection. The parental support system scale has 30 items measures three areas.

1. Parental interest
2. Parental behavior
3. Resource provision

An aspect of identity questionnaire by Cheek and Briggs (2013) was used to test the identity development of adolescents. The scale consists of 45 items and were divided into four subscales as

1. Personal identity orientation
2. Relational identity orientation
3. Social identity orientation
4. Collective identity orientation

Procedure:

The adolescents belonging to three different categories (early, middle and later adolescents) were purposefully selected from schools and colleges of Hyderabad city. The collected data was coded and analyzed using one way ANOVA test to calculate the mean differences between adolescents identity and parental support system.

RESULTS

The present investigation was undertaken with the objective of studying the mean differences between parental support system and dimensions of identity development among adolescents. The results of the study were described below.

Table-2 Mean difference between parental support system and dimensions of identity development of adolescents (N=120)

Sl.No	Dimensions of parental support system	Personal identity		Relational identity		Social identity		Collective identity		F value
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	
1	Parental Interest	2.82	0.502	2.46	0.564	2.80	0.504	2.35	0.4354	0.036112*
2	Parental Behaviour	2.76	0.574	2.59	0.510	2.72	0.509	2.49	0.5132	0.104329
3	Parental Resource provision	2.53	04882	2.70	0.532	2.79	0.596	2.60	0.5974	0.002314*

***P,> 0.05; **P,>0.01**

It was evident from the table that there were significant differences found in the mean scores between the perceived parental support system and identity development of adolescents. Results depicted positive and significant differences noticed in two of the dimensions of parental support system i.e. parental interest and parental resource provision.

Adolescents who are receiving their parents interest in various aspects of their life, had high mean scores on personal and social identity development compared to adolescents who perceived less satisfaction with their parents behaviours. This might be due to the fact that the sample in the study are educated and majority of the parents are working may focus on their adolescent children by involving in their activities related to school and other than school, this might be the reason for adolescents personal and social identity. Hence the adolescents with high parental interest had personal and social identity.

Adolescents who are receiving high resources had high mean scores on social, relational and collective identity. This might be due to the reason that the sample selected for the study are belonging to urban area where the people lives in modern society with more understanding the children than other areas. The parents of adolescents were belonging to nuclear family and majority of the fathers were well educated and the economic status of the families were middle and upper middle income groups, are providing all the resources to the adolescents. Hence the adolescents with high resource provision had high social identity followed by relational and collective identity.

Table-3 Mean difference between parental support system and dimensions of identity development among early adolescents (N=40)

Sl.No	Dimensions of parental support system	Personal identity		Relational identity		Social identity		Collective identity		F value
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	
1	Interest	2.99	0.5627	2.84	0.5988	2.85	0.5771	2.65	0.4087	0.003129*
2	Behaviour	2.13	0.3942	2.22	0.4922	2.18	0.4598	2.36	0.5376	0.232998
3	Resource provision	2.29	0.4662	2.36	0.4520	2.02	0.3097	2.59	0.5843	0.443278

***P,> 0.05; **P,>0.01**

The table three reveals the details of early adolescents mean differences between dimensions of parental support system and dimensions of identity development. It was clear from the table that there was a positive and significant relationship exists between the dimension of parental interest and identity development of early adolescent. The early adolescents had high mean scores on personal identity than other dimension. The other dimensions such as parent's behaviour and resource provision, there was not much differences were observed between parents support system and dimensions of identity development. This might be due to the fact that when children enter into adolescent period, parents are more curious about the children because of sudden physical changes, and also the friendships of early adolescents with same sex and opposite sex are more focused, due to these reasons parents might have shown much interest on early adolescents. Hence the early adolescents who perceived high parental interest had high mean scores on personal and social identity.

Table-4 Mean difference between parental support system and dimensions of identity development among middle adolescents N=40

Sl.No	Dimensions of parental support system	Personal identity		Relational identity		Social identity		Collective identity		F value
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	
1	Interest	2.69	0.572	2.64	0.5588	2.87	0.5508	2.92	0.5887	0.002782*
2	Behaviour	2.033	0.344	2.42	0.5426	2.58	0.5088	2.61	0.5290	0.24532
3	Resource provision	2.49	0.496	2.74	0.5529	2.82	0.5099	2.45	0.5066	0.003247*

***P,> 0.05; **P,>0.01**

The above table depicts the details of middle adolescents mean differences between the dimensions of perceived parental support system and dimensions of identity development. There was a significant and positive relationship exists between independent and dependent variable of middle adolescents i.e. between parental interest, resource provision and dimensions of identity development. It means the adolescents who viewed that their parents are showing interest and providing resources for their development had high mean scores on identity development dimensions. Middle adolescents had high mean scores on collective, identity and social identity with respect to parental interest. Regarding parental resource provision they had high mean scores on social and relational identity. It might be due to the fact that adolescence is a critical period for identity development based on their own strengths and weaknesses adolescents try to form their own identity, plans for future and career development. For this reason the parent might have provided enough resources and more concerned towards their children development. Hence it was clear from the results that middle adolescent who viewed that their parents are more supportive in terms of showing interest and providing resources for their development had high social and collective identity.

Table-5 Mean difference between parental support system and dimensions of identity development among late adolescents (N=40)

Sl.No	Dimensions of parental support system	Personal identity		Relational identity		Social identity		Collective identity		F value
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	
1	Interest	2.98	0.589	2.87	0.650	2.68	0.508	2.84	0.5995	0.006524*
2	Behaviour	2.88	0.608	2.63	0.576	2.42	0.521	2.19	0.5495	0.355320
3	Resource provision	2.76	0.589	2.22	0.534	2.76	0.573	2.34	0.5942	0.029187*

***P,> 0.05; **P,>0.01**

The table four explains the results of mean differences between the dimensions of perceived parental support system and dimensions of identity development of later adolescents. It was observed from the table that, positive and significant relationship exists between later adolescents perceived parental interest, parental resource provision and dimensions of identity development. The later adolescents who received much of their parental interest and also resources had high mean scores on personal, relational and social identity. Hence the later adolescent who felt that their parents are more supportive in terms of showing interest and providing resources for their development had high personal, relational and collective identity.

CONCLUSION

The analysis of the findings revealed that, a positive and significant relationship exists between the dimension of parental support system and identity development of adolescents. Adolescents who are receiving their parents interest in various aspects of their life, had high mean scores on personal and social identity development compared to adolescents who perceived less satisfaction with their parents support and further the results of the study also depicted that adolescents who are receiving high resources from their parents had high mean scores on social, relational and collective identity. It means the two variables such as parental support system and identity development are associated to each other. Which means parental support system as perceived by adolescents would affect their identity development.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.104/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Adjustment Problems of New School Entrants' Girls

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ABSTRACT

The present study has been conducted with the aim to Adjustment problems of new school entrant's girls. Adjustment is the process of finding and adopting modes of behavior suitable to the environment or the changes in the environment of new school entrant's girls. Total samples of 382 new admitted students in 5th, 9th and 11th class's students. Educational, personal and social values were measured through self developed questionnaire tools. The data were analysis by Mean, SD and F-ratio. The analysis revealed that the adjustment problem of new school entrant; Educational and Personal adjustment of girl's different classes differ significantly where as no significant difference in social adjustment of girls from different classes.

Keywords: *Adjustment, New school, School Problem*

The term adjustment is often used as a synonym for accommodation and adaptation. Strictly speaking, the term denotes the results of equilibrium, which may be affected by either of these processes. It is used to emphasize the individuals struggle to along or environment.

Adjustment process is a way in which the individual attempts to deal with stress, tensions, conflict etc, and meet his or her needs (Kulshretha 1979). In this process, student also makes efforts to maintain harmonious relationship with the environment.

Adjustment is the process of finding and adopting modes of behavior suitable to the environment or the changes in the environment (Good 1959). It is a process by which living organisms maintain a balance in needs and the circumstances that influence the satisfaction of these needs (Shafer 1961).

In adjustment, the two crucial factors are the individual and the environment. In the study of the individual, the considerations are the heredity and biological factors. The environment includes all the social factors and quality of socialization given to the child.

Every student from the time he or she steps out of the family and goes to school makes a long series of adjustments between the whole unique personality and the environment the ardent

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desire of each boy and girl is to become an individual person having a healthy physique, a growing intellectual ability a greater degree of emotional poise, and increased participation in school in school group.

Addressing School Adjustment Problem

It is particularly to see a student who is trying hard, but is disorganized and cannot keep up. Every year, millions of children return to school eager and excited to begin another school year. It is only a matter of days (Some times weeks) after student enter a new school or begin a new year that it is clear to most teacher which student are experiencing difficulties adjusting for e.g., to new content and students, new school, new teachers, new classmates etc.

But in each school there school there is likely to be a handful of kinds who greet the New Year with fear and apprehension. Unaddressed, this anxiety may prevent them from bonding with their teachers and classmates. Impact academic achievement, and even lead to physical symptoms or depression. It these difficulties persist for a long time, student motivation for school dwindles and behavior problems increase.

Reasons for School Adjustment Problems

Before school adjustment issues can be properly managed, it is necessary for parents and professionals to identify the root causes of the student's reluctance to attend school. Some of the reasons why students may have difficulty transitioning back into school are as follows-

Fear of a New School Environment

A transfer to another school district or simply to middle school or high school can cause insecurity as the child wonders how he will manage the change. He may be unfamiliar with the building and routines and this uncertainly causes stress and anxiety. Children who have had problem at a previous school either academically or socially, or who need structure and stability to feel secure, may be at increased risk for this kind of adjustment problem.

Subject Problem

Student who have struggled academically are at higher risk of avoidance, and ultimately dropping out, than those who are successful. Ideally, school is a place that makes students feels competent and successful, which breeds motivation and self-confidence. For the struggling student, however, school is often places that only serve to reinforce his already low self- esteem. He does not see himself as a "good student", nor does he believe it is possible for him to ever become a good student, especially it he has participated in past interventions that have only proven to be frustrating and unsuccessful. The student attempts to avoid these feelings of failure by staying home. Sociologists, as well as educators, agree that the chief function of the secondary school is to develop in young people modes of behavior commensurate with the ideals and objectives of a democratic social order. The latter postulates a maximum of self-direction in the course of which new and more complex relationships are established between the individual and the environment. In most cases the transition from the elementary to the secondary level

confronts the pupil with the necessity for making adjustments to a new life situation. School subjects influence the student's personality both directly and indirectly. Directly, they affect (1) his characteristic pattern of responding to people and situations, and (2) his view of different school subjects and areas of life as sex appropriate or inappropriate (as masculine or feminine).Indirectly, they influence his personality through the effect they have on his attitude toward school and education in general. His attitude then affects his adjustments and the way he judges himself as well as the way others judge him.

Transition from high school to senior secondary

The transition to middle school or junior high school from elementary school interests develops mentalists because, even though it is a normative experience for virtually all children, the transition can be stressful. It is because the transition takes place at a time when many changes in the individual, in the family, and in school are taking place simultaneously (Simmons & Blyth, 1987).These changes include puberty and related concerns about body image, increased responsibility and independence in association with decreased dependency on parents, change from a small, contained classroom structure to a larger, more impersonal school structure, change from one teacher to many teachers and a small, homogeneous set of peers to larger, more heterogeneous set of peers, and increased focus on achievement and performance and their assessment. The written work is more frequent, reading assignments are lengthier, standards are higher, and the competition is more acute. They often must study harder, improve their study habits, and take school more seriously.

There can be positive aspects to the transition. Students are more likely to feel grown up, have more subjects from which to select, have more opportunities to spend time with peer and to locate compatible friends, enjoy increased independence from direct parental monitoring, and may be more challenged intellectually by academic work.

When students make the transition from high school to senior secondary, they also experience the top-dog phenomenon, the circumstance of moving from the top position (in elementary school, the oldest, biggest, and most powerful students in the school) to the lowest position(in senior secondary level, the youngest, smallest, and least powerful student in the school).

Student Mobility /School Change

Children going to their neighborhood public school, or, if their family could afford it, to a private school has been a thing of past. Today the options and choices have multiplied. It is truer in case of senior secondary school from elementary school or high school. The increase of parental options may also contribute over time to increased mobility. Student mobility refers to changes in school enrollment at times other than those prompted by program design (Staresina, 2004).

Before outlining the current research on the impact of student change / mobility on academic achievement, it is helpful to describe the variety of reasons for student change and variables to adjustment in new environment.

Although many (58%) of these changes are related to residential moves, 42% are initiated by the school or related to issues and problems arising at the school (Kerbow, 1996). Urban schools serving children whose families live in poverty often display high mobility rates.

In United States over their entire elementary and secondary careers, most students make at least one non-promotional school change (Rumberger et al., 1999). Many educators believe that student mobility is an inevitable result of students changing residences. However, research has also found that between 30% and 40% of school changes are not associated with residential changes (Kerbow, 1996; Rumberger et al., 1999). There have also been indications that welfare reform may affect moving, with parents moving to accept jobs. School factors such as overcrowding, class size reduction, suspension and expulsion policies, and the general academic and social climate also contribute to student mobility.

Many families move due to reasons beyond their control such as marital disruption or separation, death, eviction, job termination, or other negative circumstances (Mao, et al., 1998; Rossi, 1995). However, many families change residence voluntarily due to perceived needs of their family or to take advantage of improved employment opportunities. Many families change residence in search of larger homes following the birth of children, or to gain access to good schools and neighborhoods (Rossi, 1995).

Variables to School adjustment

Learning Environment: Size of school, size of classroom, sitting arrangement, and children work groups are some of the physical aspects of the learning environment that might affect children's adjustment to new school. Large classes (over 20 students) contain more cliques, less individualized student activity, more teacher discipline for misbehavior, and more negative student attitudes (Minuchin & Shapiro, 1983).

Classes are larger, instructors have differing teaching styles, the pace is faster, and In general, aspects of the physical setting of the school are difficult to separate from variations in teacher behavior, curriculum, and other components.

Some classroom environments are experienced more by women students as "chilly"; that is, women students may be addressed inappropriately and treated as less competent than male students.

The Peer Group: During adolescence, the social world of the child expands dramatically. Instead of sitting in the same classroom and having only a few teachers, students move between

classes and may have as many as seven or eight teachers. Adolescents develop peer relationships that satisfy mutual needs leading to the formation of gang, crowds and cliques. This is not so in case of school change.

Social support: Social support refers to various types of aid and succor provided by members of one's social networks. Friends may be good for mental health, as a moderator of stress. Establishing relationships may be a struggle for students who do not fit the institution's norms. This situation often results in initial feelings of marginalization and isolation. There also are often different types of relationships with teachers and peers than students may have experienced in previous educational settings.

For most intermediate students, the transition to the classroom requires an adjustment of academic habits and expectations.

Personality variables: Besides above discussed background variables, personality variables also play significant role in adjustment. Personality differences in coping with change contribute to different adjustment experiences among students. Neuroticism and extraversion are related to psychological and socio-cultural adaptation. Agreeableness and conscientiousness are also linked to psychological well-being (Ward et al. 2004).

Consequences of school change at Intermediate/ higher secondary level: The first year of school change can be difficult for many students. The drop in school satisfaction may occur regardless of how academically successful the students have had been. The transition and the mismatch between the young adolescent and the school can be especially problematic for poor urban/rural youth in resource poor schools.

In particular, school-related environment transitions are important because these occur during a period of drastic change in physical and psychological development. It is rather common knowledge that the first year of intermediate is one of the hardest and most difficult experiences of their lives. It is an adjustment and growth process that takes a lot of effort, patience and common sense, but above all, requires hard work.

Marked deterioration in school adjustment that may frequently follow the scheduled normative transition to senior school is not a short-term symptom. But it may have enduring consequences for adaptation. For example, later school failure and dropout, crime, and substance abuse have been reported to be highly associated to prior lower grades, higher rates of absenteeism, and lower self-esteem.

It certainly necessitates support from and collaboration among teachers, parents, counselors, and administrators in order to pave the way for the smoothest transition possible. Issues involving new academic challenges as well as emotional and social needs need to be addressed.

Investigation on interpersonal relationships (affecting children's academic motivation) contended that involvement, or the quality of a student's relationships with peers and teachers, is a powerful

motivator. Researches also indicated that children's loneliness and social dissatisfaction relate negatively to school change and school achievement. Moreover older children are apprehensive about leaving friends and establishing their identity in a new place.

A few empirical studies have documented achievement differences between mobile and non-mobile students (Ingersoll et al. 1989). The majority of studies examining the consequences of student mobility have focused on the educational effect of student mobility at the elementary or middle school level. Overall, the research findings (Benson et al. 1979; Crockett et al. 1989; Holland et al. 1974; Jason et al. 1992) suggest that mobile students experience problems adjusting both academically and socially to their new environment (Rumberger and Larson, 1998). Frequent mobility is associated with a delay in students' academic progress of an average six months (Temple and Reynolds, 1999).

It should be noted that not all mobility is equal. For example, students who change schools and enter better quality schools (e.g., magnets or academic academies) experience fewer negative consequences than students who transfer into other public schools (Temple and Reynolds, 1998).Based on the research conducted in a local public university in Malaysia, the adjustment difficulties faced by first year students were found to be academic problems, health problems, financial crisis as well as social and personal problems (Ahmad, Noran, Azemi & Zailani 2002).

REVIEW OF LITERATURE

Koizumi (2000) conducted study to find out the anchor points in transitions to a new school environment. For this purpose, an anchor point was defined in an ecological and developmental perspective as an element of the person-in environment system that facilitates transaction between the person and the environment. It was found that depending upon the context, anchor points can lead to adaptive transaction or maladaptive transaction. Positive anchor points lead to adaptive transaction and children's development in a new person-in-environment system.

Hllnlein and Shinn (2000) studied school mobility and student achievement in an urban setting among 764 sixth-grade students in a mobile school district in New York City, with mobility defined by school changes. Achievement was assessed with standardized tests and age–grade progress. Total mobility was related to sixth-grade achievement when earlier achievement was not controlled, but mobility after third grade was not related to sixth-grade achievement when third-grade achievement was controlled. Some authors suggest that a third variable, such as family background, accounts for both mobility and achievement.

Kaplan and associates (2005) studied school related stress in early adolescence and academic performance three year later; with hypothesis that educational expectations of junior high school students in interaction with school-related stress during early adolescence would adversely affect grades during high school. A total of 1034 students were tested during junior high school and 3 years later during high school. Multiple regression analyses of data supported the hypothesis that

early adolescent school-related stress both independently and in interaction with high academic expectations negatively affected academic performance 3 years later.

Checchi and flabbi (2005) conducted a study to find out the intergenerational mobility and schooling decision in Italy and Germany. Intergenerational mobility in income and education is affected by the influence of parents on children's school choices. To study the impact of parental education on track choice showed that the greater flexibility of the Italian system (where parents are free to choose the type of track) translates into greater dependence from parental background. These effects are reinforced when moving to post-secondary education, where the aspiration to go to college is affected not only by the school type but also (in the case of Italy only) by parental education.

Raju and Rahamtulla (2007) studied adjustment problems among school students. A sample of 461 students (197 boys, 264 girls) was randomly selected from the various government and private schools from urban and rural areas of Visakhapatnam district, Andhra Pradesh. Standardized questionnaire developed by Jain (1972) was adopted for this study. The major findings revealed that adjustment of children primarily dependent on the school variables like the class (in which they are studying), the medium of instruction and the type of management of the school. Parental education and occupation of the school children also significantly influenced adjustment.

Benner and Graham (2009) studied the transition to high school as a developmental process among multiethnic urban youth. The high school transition was examined in an ethnically diverse, urban sample of 1,979 adolescents. Data were gathered on adolescents' perceptions of school climate, psychological functioning, and academic behaviors. Piecewise growth modeling results indicated that adolescents were doing well before the transition but experienced transition disruptions in psychological functioning and grades, and many continued to struggle across high school.

Puschner (2010) conducted a study to find out the transition from secondary school to secondary modern school within the German education system. The transition-experience among 82 pupils (12-14 years) who transferred from secondary school to secondary modern school in Germany compared with 1123 participants, who attended secondary modern school from the beginning. Results confirmed that the transfer was an important life event for the students and revealed, among the significance of peer-relations, the importance of social support in various ways.

Statement of the Problem

Hence, in the light of above discussion the problem was stated as **"Adjustment problems of new school entrants"** the study was undertaken with a view to focus on addressing transition problems of children, when they are admitted in a new school. Once these issues are identified it

will be help in proper strategic planning for guidance and orientation programs hence enhancing engagement in learning.

OBJECTIVE

- To study the adjustment of new school entrants of different classes-with reference to Educational, personal, social issues
- To study difficulties faced by new school entrants in adjustment to different situations

Delimitations of the study

- The study was delimited to Banasthali Vidyapith School Campus.
- Only hostler girls were included in the study.
- Study has been delimited to the new admitted students of 5^{th}, 9^{th} and 11^{th}, classes

Research Design

Methodology simply refers to the method or methods used in the conduct of an inquiry or scientific investigation. Methodology can be defined as a systematic and orderly procedure or process for attaining some objective, including description of method.

The methodology is not concerned with building knowledge but deals with the procedures conceptual, logical and research by which know is built. Methodology may either be quantitative or quantitative.

RESULTS AND DISCUSSION

The set of data colluded is considered as a base upon which the structure of research rests. It involve breaking down existing complex factors into simpler ones and putting the part together in new arrangement for the purpose of interpretation. The process of analysis and systemic data is the foundation stone of all specific method. The purpose of analysis is to summarize the completed observation in such a manner that they field answer to research problem in question.

The data collected during the investigation in connection with this study have been analyzed and presented in this study. As discussed earlier percentages, mean, standard deviations and analysis of variance (to facilitate interpretation of different classes with reference to in adjustment different areas) were used to analyze data.

Since it is a comparative study, separate data has been presented for the girls of different classes for adjustment in different areas. The significance level for F ratio was determined at 3.02 for 0.05 and at 4.66 for 0.01 levels. The table here mentions the statistics derived for the various groups of girls on the basis of score obtained on educational adjustment.

Educational adjustment

Table: 1 statistics on educational adjustment

Groups	N	Mean	SD
5th Class	33	17.06	1.148
9th Class	72	15.94	1.375
11th Class	277	16.24	2.419

Table: 2 Analysis of variance for educational adjustment

Source of variance	Degree of freedom	Sums of squares	Mean square variance	F
Between mean	2	28.57615	14.28807	3.248
Within group	379	1667.36	4.399	

*Significant at .05 level

The F ratio derived here on basis of analysis of variance is significant at 0.5 levels only and shows that the educational adjustment of the girls in different classes differs significantly. As evident from the table-1 educational adjustment of 5th class students 9th class students have low adjustment compared to 5th and 11th class. It may be due to the fact that at early stage of development girls feel more secure and adjustment to environment easily. Comparatively girls of 9th standard have to face more problems, may be due to the onset of pubertal changes.

Personal adjustment

The table here mentions the statistics derived for the various groups of girls on the basis of score obtained on personal adjustment.

Table: 3 statistics on Personal adjustment

Groups	N	Mean	SD
5th Class	33	19.87	1.409
9th Class	72	17.33	2.469
11th Class	277	16.91	1.680

Table: 4 Analysis of variance of groups on Personal adjustment

Source of variance	Degree of freedom	Sums of squares	Mean square variance	F
Between mean	2	258.3769	129.1883	38.38
Within group	379	1275.5634	3.3656027	

*Significant at .01 level

The F ratio derived here on the basis of analysis of variance is significant even at .01 levels. This shows that personal adjustment of girls different classes differ significantly. As evident from the table-3 5^{th} class girls have better personal adjustment them 9^{th} and 11^{th} class students. 9^{th} class girls also have better adjustment as compared to 11^{th} class new entrants. This show that with increase in age adjustment to new situations becomes more difficult.

Social adjustment

The table here mentions the statistics derived for various groups of girls on the basis of score obtained on social adjustment

1. ***Table: 5 statistics on Social adjustment***

Groups	N	Mean	SD
5^{th} Class	33	19.87	1.392
9^{th} Class	72	15.37	2.144
11^{th} Class	277	16.45	1.7438

Table: 6 Analysis of variance of groups on Social Adjustment

Source of variance	Degree of freedom	Sums of squares	Mean square variance	F
Between mean	2	451.1589	225.5795	1.3532
Within group	379	63181.67	166.7063	

*Significant at .05 level

The F ratio derived here on the basis of analysis of variance is not significant. To conclude three is no significant difference in social adjustment of girls of 5^{th},9^{th} and 11^{th} classes. They have more or less same level of social adjustment.

CONCLUSION

The finding and suggestion which have been deduced on the basis of analysis and interpretation of the data collected and reported in connection with this study. Adjustment is the process of finding and adopting modes of behavior suitable to the environment or the changes in the environment, adjustment process is a way in which the individual attempts to deal with stress, tensions, conflict etc, and meet his or her needs. In this process, students also make efforts to maintain harmonious relationships with the environment.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.105/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Materialism, Depression, and Compulsive Buying among University Students

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ABSTRACT

This paper examined the relationship of materialism, depression and compulsive buying among university students. Moreover, it aimed to see the role of demographic variables in the relationship between these variables. Material Value Scale (Richins & Dawson, 1992), Compulsive Buying Scale (O'Guinn & Faber, 1989) and the subscale of depression of DASS (Lovibond & Lovibond, 1995) were used to measure materialism, compulsive buying and depression respectively. The sample comprised of 430 university students within the age range of 18 to 24 years (M = 21.55, $S.D$ = 1.95) from five universities of Islamabad and Rawalpindi. A significant positive relationship between depression and materialism was found. A significant difference between males and females on materialism and depression was found with males scoring significantly higher on both as compared to females. However, no significant difference was found between males and females compulsive buying. There was a significant difference among adolescents and adults on materialism with adults scoring higher as compared to adolescents, while no significant differences were found on depression and compulsive buying.

Keywords: *Materialism, Depression, Compulsive Buying.*

A growing amount of people are engaged in excessive amount of buying material goods that create considerable effect on a person's life and it may lead to distress and uncontrollable behavior (Benson, 2000; Dittmar, 2004b). This behavior is referred to as compulsive buying behavior which is becoming a center of attention for the researchers (Black, 2004; Faber, 2004; Dittmar, 2004b). Presently, a large amount of people are involved in compulsive buying especially in USA, UK and Germany (Yurchisin & Johnson, 2004). The occurrences of compulsive buying have increased noticeably in recent years around the world and have become a burning issue among researchers (Koran, Faber, Aboujaoude, Large, & Serpe, 2006; Ridgway, Kinney, & Monroe, 2008; Neuner, Raab, & Reisch, 2005).

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A compulsive buyer is a person who has a strong and unmanageable desire to obtain possessions (Edwards, 1993; Faber & O' Guinn, 1992; Goldsmith & McElroy, 2000). Compulsive buying behavior generally occurs from a depressive mental state and it is usually followed by an enduring and frequent buying behavior (Miltenberger et al., 2003; Faber & O'Guinn, 1989). Past researchers have found that a greater amount of money accountability has been caused by the individuals who buy compulsively (Christenson et al., 1994; Edwards, 1993; Faber & O'Guinn, 1988). Consequently, compulsive buying is becoming a global problem (Neuner, Raab & Reisch, 2005; Ridgway, Kinney, & Monroe, 2008). Furthermore, it was found that individuals who are highly money oriented have a strong urge to consume more possessions than others (Dittmar, Beattie, & Friese, 1996).

Materialism is defined as an individual's practice to obtain money, status and belongings (Kasser, Ryan, Couchman, & Sheldon, 2004). It is a combination of principles which regards materialistic goals as a symbol of achievement; whereas the goods are considered to be an important part of life and more goods will provide more satisfaction. Materialistic individuals consider attainment of possessions as the foremost goal of life (Richins & Dawson, 1992).

Materialistic values and compulsive buying are interrelated (DeSarbo & Edwards, 1996; Dittmar, 2005; Mowen & Spears, 1999; Mick, 1996O'Guinn& Faber, 1989; Yurchisin & Johnson, 2004). Dittmar, Beattie, and Friese (1996) have studied the association between compulsive buying tendencies and use of specific buying considerations, the consumption of possessions as an accomplishment and the quantity of self-discrepancy between real and ideal self. Results reveal that people who are prone to become compulsive buyers have high materialistic value orientation (Richins & Dwason, 1992). Yurchisin and Johnson (2004) have argued that the likelihood of worth linked to material possession is the forecaster of compulsive consumption.

Compulsive buyers are anticipated to be materialistic in nature (Dittmar, Beattie, & Friese, 1996; Mowen& Spears, 1999; O'Guinn & Faber, 1989) and females have a greater likelihood to become compulsive buyers than males (O'Guinn & Faber, 1989; Roberts, 1998; Schlosser, Repertinger, & Freet, 1994). Various studies have established a contradictory link between materialism and compulsive buying. Materialistic value is a belief that the achievement of material goods is a fundamental goal of life, a sign of accomplishment and a way to satisfaction (Richins, 2004). Past researches have ignored the role of materialism on compulsive buying as if they are not associated to each other (Scherhorn, Reisch & Raab, 1990) while materialism and depression are interrelated (O'Guinn & Faber, 1989). Very recent studies have found a significant relationship between materialism and compulsive buying. Dittmar (2005) demonstrated that an individual's materialistic value strongly predicts his compulsive buying behavior.

Depression is described as a state of low self-esteem and lack of motivation towards one's self in order to determine the likelihood to accomplish life goals which are essential to a person

(Lovibond & Loviboond, 1995). Depressive people usually show inferiority feelings, unhappiness and they perceive themselves to be weak (Beck et al., 1961). Compulsive buying tendencies are positively associated with materialism and depression (Mueller et al., 2011). Some cross-sectional studies have also tried to establish link between compulsive buying and other psychological factors like materialism (Dittmar, 2005; Mueller et al., 2011; Rose, 2007), anxiety, and depression (Lejoyeux, Tassain, Solomon, & Adès, 1997; Mueller et al., 2010). Past researchers suggest that compulsive buying is a result of an individual's effort to deal with a negative mood (DeSarbo & Edwards, 1996; Miltenberger et al., 2003). Compulsive buying has also been linked with mental comorbodities, predominantly with depression and anxiety (Mueller et al., 2010). It has also been linked with anxiety, distress, and a low mental well-being (Williams, 2012). It was found that compulsive buying act as a mood enhancer for the individuals who face negative emotions (Faber & Christenson, 1996). Materialism has been linked to negative signs of relieve like loneliness (Pieters, 2013), distress (Mueller et al., 2011), and low self-worth (Christopher et al., 2006; Richins& Dawson, 1992).

A lot of empirical literature suggests that as a result of globalization, consumer culture is increasing rapidly and bringing negative consequences in the form of compulsive buying tendencies and materialism, and it is becoming a global problem (Bushra & Bilal, 2014). There exists scarcity of research in Pakistan which concerns the mechanisms underlying the relationships among materialism, compulsive buying and depression. So as to fill the gap that exists within this field in Pakistan, these variables need to be explored further (Jalees, Amen, & Kazmi**,** 2014).

Studies have found that the onset of compulsive buying, or the tendencies appear in the late teens or early twenties (Christensen et al., 1994; Koran et al., 2002; Schlosser et al., 1994). One of the major aim of the present study is to investigate the age in which compulsive buying behavior is prevalent in our society. Additionally, compulsive buyers are inclined to have higher levels of depression (Black, 2007; Christenson et al., 1992; Dittmar, 2005; McElroy et al., 1994; Scherhorn et al., 1990; Valence, d'Astous, & Fortier, 1988), and higher levels of obsessions and anxiety (Black, 2007; Dittmar, 2005; McElroy et al., 1994; O'Guinn & Faber, 1989; Scherhorn et al., 1990). Therefore the role of depression was also explored. Further research has established that female fall into the category of compulsive buying more than males (Black, 2007; Christenson et al., 1992; D'Astous, 1990; O'Guinn & Faber, 1992; Scherhorn et al., 1990). Hence, another purpose of the study is to explore whether gender differences exist for the variables, as per the literature.

An important point to consider is that this study is being conducted in Pakistan, while existing literature and studies, based on similar topics were carried out in Western Countries. As per Chan and Predergast (2007), there may be a difference in the results due to cultural differences. Owing to this factor, future studies should be conducted including Western and Asian participants.

OBJECTIVES

The study has the following objectives.

1. To explore the relationship between materialism, depression and compulsive buying among university students.
2. To explore the role of demographic variables in the relationship between materialism, compulsive buying and depression among university students.

Hypotheses

1. There would be a positive relationship between materialism, compulsive buying and depression among university students.
2. Age is negatively linked with compulsive buying and depression while positively associated with materialism.
3. Women would score higher on materialism, depression and compulsive buying as compared to men.
4. Adults would score higher on materialism and lower on depression as compared to adolescents.

METHOD

Participants

The sample included 430 university students from five universities of Islamabad i.e. COMSATS Institute of Information Technology, Quaid-i-Azam University, Iqra University, Bahria University and National University of Modern Languages. Participants were enrolled in the Graduate, Masters or M.Phil programs. The age of the sample was ranged from 18 to 24 years (M = 21.55, $S.D$ = 1.95). The students fulfilling these criteria were made a part of the present study with their consent.

Measures

Material Values Scale (MVS). Richins and Dawson's (1992) Material Values Scale (MVS) was used to evaluate participants' level of materialism. This scale takes materialism as a value that influences a person's interpretation of life and environment (Richins, 2004). It has three facets: centrality, success, and happiness. The 15-item version was used in the present study. Alpha reliability of the scale is .86 (Richins, 2004).Scoring is based on 5-point likert scale (i.e. 1=strongly disagree and 5=strongly agree). Reverse scored items are 3, 6, 7, 10, 14, and 15. Two more items were also identified as reverse scored after the experts' opinion and identification. Prior applications of the MVS suggested that its psychometric properties suffered when it was applied in East Asian settings because of the use of some reverse-worded items (Wong, Nancy, Rindfleisch & Burroughs, 2003). Co-efficient alpha for the present sample was .71 demonstrating good internal reliability.

Depression Anxiety Stress Scale (DASS). It is a 42-item questionnaire which was developed by Lovibond (1995). It included three subscales designed to measure depression, anxiety and stress. Its reliability coefficient is .92 (Lovibond & Lovibond, 1995).Each subscale contains 14 items. In the present study, the subscale of depression was used only. The Depression scale

evaluated dysphasia, devaluation of life, hopelessness, self-deprecation, lack of interest/involvement, anhedonia, and inertia. 4-point likert scale from 0 (*not at all*) to 3 (*all the time*) was used to rate the amount to which a person experience each state over the past week. Possible score range for depression subscale is between 0 to 42. Co-efficient alpha was .86 for the present sample which demonstrates high internal consistency.

The Compulsive Buying Scale (CBS). It was developed by Faber and O'Guinn (1992). CBS was designed to screen for the problem of compulsive buying within the general population and was developed using a phenomenological approach. In the present study, likert-type scale with 5 points (strongly disagree–strongly agree and never–very often) was adopted. Higher scores on the CBS indicated a higher level of compulsive buying (Kwak, Zinkhan, & Dominick, 2002; Mueller et al., 2011). Minor adaptations were made in the comprehension of some items for the ease and cultural appropriateness. For the present sample, the co-efficient alpha was .77.

Procedure

The study was conducted in the universities within Islamabad. After taking permission from the authorities of each institute, the participants i.e. students were individually approached through the technique of convenient sampling. Informed consent was obtained from each participant and they were briefly explained about the purpose of the research. Each participant was provided with a copy of the demographic sheet, MVS, Depression subscale (DASS) and CBS. Instructions in both verbal and written form were given to the participants to fill the questionnaires. The participants were also told that they had the right to withdraw from participation at any point, if they felt unwilling or uncomfortable, although full participation was highly encouraged.

RESULTS

Descriptive Statistics and Psychometric Properties

The instruments used for this paper had established reliabilities and validities, but the same were re-assured in Pakistani perspective. The summarized reliabilities and descriptive statistics based on Cronbach alpha are presented in Table 1.

Table 1, Descriptive Statistics and Skewness for Material Value Scale, Depression (subscale) of DASS and Compulsive Buying Scale (N = 430)

				Ranges		
Scales	**No of items**	**α**	***M(SD)***	**Potential**	**Actual**	**Skewness**
MVS	15	.71	48.71(9.8)	15-75	27-75	0.68
D(DASS)	14	.86	12.51(8.3)	0-42	0-40	0.43
CBS	7	.77	18.94(6.4)	7-35	7-32	0.43

Note. MVS = Material Value Scale; D = Depression subscale; DASS = Depression Anxiety Stress Scale; CBS = Compulsive Buying Scale; α = Alpha reliability

In order to determine the descriptive statistics on scales of materialism, Depression (subscale) and compulsive buying, descriptive statistics were computed. Table 1 illustrates the results of mean, standard deviation and skewness for Material Value Scale (MVS), Depression (subscale) of Depression Anxiety and Stress Scale (DASS) and Compulsive Buying Scale (CBS). It was observed that the scales used in the present study had their skewness within the desired range of -1 to +1. As indicated by table 3, the value of Alpha was depicting high internal consistency of the instruments i.e. ranging from .71 to .86. The values of S.D indicated that the responses were scattered from the mean of each variable. Positive values for skewness indicated asymmetrical distribution of data along the mean value.

Findings of Hypothesized Relationships

Table 2, Pearson Correlation between Materialism, Depression and Compulsive Buying (N = 430)

Variables	1	2	3
1. Materialism	-		
2 .Depression	.15**	-	
3 .Compulsive Buying	-.01	.07	-

***p*< .01, **p*<.05

Table 2 shows that Pearson correlation between materialism, depression and compulsive buying. It is showed that there was a significant positive relationship between depression and materialism (r =.15, p<.01) which indicated that more the participants were materialistic, more was the level of depression. Whereas the relation between depression and online compulsive buying was non-significantly positive *(r* =.07). Results also showed a non-significant negative relationship between materialism and compulsive buying (r =-.01).

Table 3, Mean, Standard Deviation and t values for Males and Females on Materialism, Depression and Compulsive Buying (N = 430)

	Men	Women			95% *CI*		Cohen's
	(*n*=183)	(*n*=247)					
Measures	*M(SD)*	*M(SD)*	*t*(430)	*p*	*LL*	*UL*	*d*
MVS	51.26(8.51)	46.83(10.40)	4.70	.001	2.57	6.27	.46
Depression	14.45(7.77)	11.06(8.53)	4.22	.001	1.81	4.96	.41
CBS	19.22(6.00)	18.74(6.69)	.78	.43	-.74	1.71	.07

Note. MVS = Material Value Scale; CBS = Compulsive Buying Scale. *M* = Mean; *SD* = Standard deviation; *LL* = Lower limit; *UL* = Upper limit; *CI* = Confidence interval.

Table 3 shows mean differences between men and women on materialism, depression and compulsive buying. Results indicated significant difference between men and women on materialism (t (430) = 4.70, p< .001). Men's mean (M = 51.26) was higher than the women's mean (M = 46.83). Results also showed significant mean difference on depression t (430) = 4.22, p< .001. Men's mean (M = 14.45) was higher than the women's mean (M = 11.46). There was no significant difference between mean of men and women on scores of compulsive buying t (430) = .78.

Table 4, Mean, Standard Deviation and T Values for Adolescents and Adults on Materialism, Depression and Compulsive Buying (N = 430)

Variables	Adolescents (*n*=125) *M(SD)*	Adults (*n*=305) *M(SD)*	*t*(430)	*p*	95% *CI* *LL*	95% *CI* *UL*	Cohen's *d*
Materialism	46.69(9.38)	49.54(9.97)	2.73	.01	-4.89	-.80	-.29
Depression	13.41(8.33)	12.15(8.38)	1.40	.16	-.49	3.00	.15
Compulsive Buying	19.08(6.87)	18.89(6.22)	.27	.78	-1.15	1.52	.02

Note. M = Mean; SD = Standard deviation; LL = Lower limit; UL = Upper limit; CI = Confidence interval.

Table 4 shows mean differences between adolescents and adults on materialism, depression and compulsive buying. Two groups of the age were made. One group was ranging from 18-20 years (adolescents) and other was ranging from 21-24 years (adults). There was a significant difference on materialism t (430) = 2.73, p< 0.01. Mean of adults (M= 49.94) was higher than the mean of adolescents (M = 46.69). In addition, no significant differences was found between adolescents and adults on depression and compulsive buying.

DISCUSSION

Results demonstrated that materialism had a positive relationship between materialism and depression. This result supported most of the previous findings that had explored the relationship between depression and materialism and found a considerable association between higher levels of materialism and higher levels of depressive symptoms (Burroughs & Rindfleisch, 2002; Kasser& Ryan, 1993, 1996; Schor, 2004). Results found no significant relationship between compulsive buying and materialism. The result supported some other previous findings in which no relationship existed between materialism and compulsive buying behavior (Jalees et al., 2014). Results also indicated no significant relationship between depression and compulsive buying. It has been evident from the previous study that there was no condition in either positive

or negative affect following the buying task. Therefore compulsive buying may not always be a result of depression (Williams, 2012).

Results revealed that there was a non-significant negative association between age and compulsive buying which was contrary to the previous researches thatshowed a negative association between age and compulsive buying (Koran et al., 2006; Mueller et al., 2010; Neuner, Raab, & Reisch, 2005). Researches also showed that compulsive buying usually manifested itself in the late teens and early 20's (Black, 2007; Dell'Osso, Altamura, Allen, Marazziti, & Hollander, 2006), and the rates tended to go lower after that (Dittmar, 2005). Results also found a non-significant negative relationship between age and depression which was contrary to the previous literature that had found an increased prevalence of depression among adolescents (El-Missiry, 2012; Fan, 2011; Sarkar, 2012). The result supports the hypothesis that age and materialism have a positive relationship. This finding was in line with earlier studies that found an increase in materialistic values with age (Moore & Moschis, 1981).

The results revealed a significant difference among men and women on materialism and depression and found that men scored significantly higher than women on materialism. The previous studies supported this result and confirmed that men had stronger orientation towards materialistic values as compared to women (Achenreiner, 1997; Churchill & Moschis, 1979; Moore & Moschis, 1981). The results of the present research also found that men scored significantly higher than women on depression. Previous studies showed that in nontraditional sex-role, men were found to have higher levels of depressive symptoms than women (Rosenfield, 1980) which supported the results of the present study. No significant difference was found between men and women on compulsive buying. Billieux et al. (2008) found that no significant gender differences were found for compulsive buying behavior which was in line with our results.

Fourth main objective of the present research was to explore the differences among adolescents and adults on materialism and depression. Results revealed that the mean of adults on materialism was significantly higher than the mean of adolescents (Table 4). This confirmed the first part of fourth hypothesis. Earlier studies had found that materialistic group was generally older than the non-materialistic group (Yiqiu, 2005). Another study found that age group between 15 to 19 years old was less materialistic while age group of 20 to 29 years old was more materialistic (Kau et al., 2000). The results of the present study also showed that adolescents scored higher on depression but the results were no significant while previous studies found an increased prevalence of depression among adolescents (El-Missiry, 2012; Fan, 2011; Sarkar, 2012).

In conclusion, the present research has shown no significant relationship between compulsive buying and materialism. Moreover, the study found a relationship between materialism and

depression. Some of the results remained consistent with the previous researches. Based on these results, we can conclude that compulsive buying is a growing concern of consumer culture in Pakistan. The findings of the present study can help in providing theoretical basis for further researches in Pakistan.

LIMITATION AND SUGGESTIONS

Research is an ongoing process. The limitations of this research may provide future directions for other researches. First limitation of this study was the short span of time. Research can be replicated in longer span of time for a broader view. The present study was conducted with the help of already developed psychometric scales which are extensively used by many researchers. Self-report measures have been used in the present study. So, there is a chance of inaccurate self-reporting, social desirability bias and errors in self-observation. Our results were also confined by the correlational nature of our data. Because of this, we cannot absolutely establish a causal link between materialism and compulsive buying. This is an important restraint facing nearly all researches in this area. As suggested by Richins and Dawson (1992), the link between materialism and compulsive buying may be bidirectional. Thus, studies that are able to unfold the underlying relationship between these two variables have the potential to make an important role. Sample was limited to only two cities i.e. Rawalpindi and Islamabad. So, there is uncertainty in generalizing the finding of the present study. Additionally, students were studied only at three level of undergraduate, masters and M. Phil. Future studies could cover other cities of Pakistan as well, particularly considering that it has a rich and ethnically diversified culture. To confirm the results future studies require more comprehensive investigation of relationship between the variables.

IMPLICATIONS OF THE STUDY

To investigate the causal linkage between materialism, depression and compulsive buying, further effort is required. As compulsive buying became the centre of attention for marketers and scholars all over the world, efforts have been made to study the relationship of compulsive buying with materialism and depression. However, there is scarcity of research in Pakistan concerning this area. With the best of researcher's knowledge, there was no available data in Pakistan on the relationship between materialism, depression and compulsive buying, proposing new perspective in this area. The findings of present study provide a few implications for researchers and policy makers. For young consumers, parental and social guidance is needed.

As discussed earlier, that due to globalization, consumer culture is spreading rapidly around the globe, as consumers in the developing countries are progressively becoming influenced by it and that it has considerable negative aspects to it on a community level in the form of compulsive buying and materialism leading to affect the consumers in anundesirable way in the form of depression.

This is an alarming state for the consumer safety organizations to make the public alert of the adverse outcomes of the materialistic values in the society and direct them through public service messages or marketing campaigns to make rational decision-making with respect to their purchases.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.106/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Psychological Training: Effect of Cognitive Stereotypes and Symbols as Part of Metaphors for Interpersonal Relations in the Sphere of Family Relations and Business Communication

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ANNOTATION

Herewith are disclosed various aspects of the psychological impact of stereotypes as a cognitive phenomena of social psychology, analyzed the impact of ways, mechanisms of social and psychological impact on the person.

Keywords: *Psychological Training, Methods Of Psychological Influence, Neurolinguistics Programming, Cognitive Stereotype Symbol, A Metaphor For Interpersonal Relationships, The Psychological Impact Of The Subject, The Object Of The Psychological Impact, Communicative Environment, Infection, Imitation, Persuasion.*

In recent years, one of the most common forms of psychological practice becomes training. Properly planned psychological training, being organized system of special effects, shall contain and use theoretical and academic knowledge, which are under intense psychological impact, is not replaced by any methods of oratorical skill.

In recent years training has become one of the most common forms of psychological practice. As an organized system of special effects its composition containes and uses theoretical and academic knowledge, which are under intense psychological impact can not be replaced by any methods of oratorical skill. Method of group training – is a wide variety of methods of influence on the individual but they all use the principle of training impact factor for the group. A unique component of training increasingly becomes the methods of Milton Erickson. Being half-blind, color-blind, having survived two bouts of polio, he re-learned to walk and do a lot of things, when everything seemed hopeless. Classical education in the field of clinical hypnosis masterfully allowed him to create trance and use it in sessions.

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He used knowledge in the field of clinical hypnosis to help people in healing "incurable" patients. By creating his own school non-legislative, indirect hypnosis, as opposed to the classic settings, he believed that everybody is trance-proned. He liked to say that there is no negipnabelnyh customer, and there is insufficient understanding and a lack of the necessary tools to create a trance. Subsequently these methods have been applied in neuro-linguistic programming. Let's consider the origin of the name of the method. The word "Neuro" says that the method employed in the art neurological processes of perception (through hearing, sight, smell, etc.). The word "linguistics" indicates that the method is based on an essential element of the psyche - the language. The word "Programming" indicates a special way of organizing work of both hemispheres of the brain, thinking about ordering and sensory processes. Marilyn Atkinson (the president of the International Erickson University, doctor of psychology, coaching, the world famous trainer, a student of Milton Erickson, the famous psychologist since 1985) is one of the most active of his followers, teaching and advisory activities in major corporations in the world, is the founder and president of the International Erickson University (Canada) till these days. As conductor of the heritage of Milton Erickson, Marilyn is a main creator of the strategic methods of psychology and author of books of coaching, "LIFE SKILLS: internal dynamics of development", "Achieving the Millennium: a turn-based system", "LIFE IN THE FLOW: coaching," which in 2012-2013 were published in Russian. The method implements in forms such as group discussions, role play, group exercises and solving of specific situations and so on. Video-recording uses in solution of group tasks. A feature of the method is that the search for solutions in situations of group selection lies on the members without any pressure or tips from psychologist. The method is based in the social dimension of the person and a subordinate sphere of public interests, values, rules and norms of behavior. The more the individual is included in the public life the greater influence these factors make on him. The participants acquire communication skills, the ability to deeply understand others, improve the efficiency of their regulatory mechanisms of behavior. Specially designed "Matrix counselor self-reflection", "The Matrix of monitoring the client in the course of work" and "The Matrix monitoring the work of the consultant" can accurately monitoring and awarding the learning process, and therefore effectively correcting it. Also work in constant threes helps to deeply understand of therapeutic trance promotes (the "Client", "consultant", "observer"). For the most efficient use of the active group influence methods using of cognitive stereotypes and symbols for design metaphors, accelerating the process of obtaining the necessary results may be that "magic - wand" that will solve many of the pressing problems in the daily life activity, both in the sphere of family relations and business communication. Properly planned psychological training has in its composition tools of influence, which in its turn contains a metaphor (from the Greek μεταφορά – "transfer", "figurative meaning"), symbols and cognitive stereotypes.

Masterfully constructed metaphor has sometimes much greater impact than test methodology used in its composition signs and symbols from the realm of "rational."

The term metaphor belongs to Aristotle, and is connected with his understanding of art as an imitation of life. In all cases there is transfer of meaning from one word to another as an indirect message as stories or figurative expression, using the comparison or figure of speech consisting in the use of words and expressions in a figurative sense on the basis of some kind of analogy, similarity comparisons.

The metaphor can be divided for 4 elements:
1. Category or context,
2. An object within a particular category,
3. The process of how this object performs a function,
4. Application of this process to real situations, or crossing them.

In the formation of the subject image of the world, as a rule, there is a sufficiently developed mythological thinking that is inherent in man, and makes it an innate quality. Holistic world can not be understood only with the help of scientific dialectics, rationalist (logical) thinking which is a genetic later form than the mythological mindset that perceives the world holistically (syncretic). And in our times a symbol is a means of such thinking. The symbol can not be explained in terms of rational thinking as it is transcendental. In science, symbol is “reduced to the level of the mark, the simple designation label-hang objects and relationships of the material world ... but that is not a symbol but a dead circuit ... And while the science of sign systems (semiotics) brings to mankind a great and undeniable practical use, it doesn’t help us to understand the essence of man. After all the symbol, as a man by nature throughout the syncretic and dialectic, and science, as well as rational thinking in general, by nature antinomic and formal. "[3] The symbol is synthetic in nature. It represents "the indissoluble unity of sense and rational: the image in it is the idea, and the idea – is image, under decomposition for the image and the idea the symbol disappears"

Method of Neuro Linguistic Programming (NLP) – is a way of penetrating the elusive subconscious interlocutor and effective influencing on him through unconscious processes. NLP technology is based on four main practical provisions: on the presence of individual dominant channels of receiving information; on the effect reflex eye movement; on the procedure of "calibration" reactions of the interlocutor; on listener’s manipulative imitation interlocutor. The uniqueness of the science of psychology is due to both the subject of scientific knowledge and methods that allow us not only to describe the phenomena, but also to explain them to open their underlying patterns and predict their further development, as well as have an impact on a person's personality.

For the most efficient use of active methods of group cognitive effects of the use of stereotypes may be that "magic - wand" that will solve many of the pressing problems in the daily life and interpersonal relationships, men and women, both in the sphere of family relations and business communication. The concept of cognitive – “cognoscere” in Latin - "to know, to learn," indicates the relation of knowledge, namely, to methods for producing human knowledge and methods of

preservation in his mind. Cognitive Methods - are methods of influence on the way people receiving and storing knowledge. Cognitive factors affecting the basic, low-level mechanisms of perception are very important when they come to the affective and cognitive domains in the practice of interpersonal relationships. It is necessary to remember that the most profound knowledge in the field of interpersonal relationships is universal for all people. With cognitive stereotypes, knowing and using this knowledge, we can influence the way people acquire knowledge and further their behavior. If we are able to influence these processes, we almost got the most direct and simple way to influence the behavior of people, because people do certain things, depending on what they know and what they will know about the current situation.

Please note that according to the scheme NV Matyas (Fig. 1) the ratio of the mechanisms of action is constructed in such a way that the motion of the infection to the conviction reduced role, the role of emotions and thought processes of perception and evaluation of the individual outside influences that inextricably links the affective and cognitive domains.

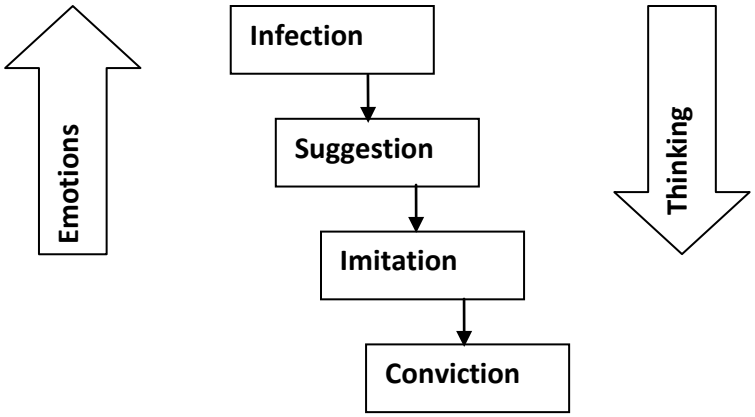

Fig. 1. Value of mechanisms of influence on the person and their relationship to emotions and thinking

These mechanisms of social and psychological impact on the person, in turn, are updated in the course of its individual development (ontogeny). [2]

There is idea that in addition to saving effort, stereotypes perform another function: the system of stereotypes can serve as the core of our personal tradition, the way to protect our position in society. They form an orderly, more or less consistent image of the world. It constructs our habits, tastes, abilities, satisfaction and hope. The stereotypical image of the world may not be complete, but it is a way of peace, which we have adapted to. In this world people and objects occupy the space assigned and act as they are expected. It is not surprising that any change of stereotypes is perceived as an attack on the foundations of the universe. This attack on the foundation of the world, and when we are talking about serious things, it is not so easy to assume

that there is some difference between our own world and the world in general. The system of stereotypes is not just a way to replace the huge diversity and disorderly to the orderly presentation of the reality of it, reducing and simplifying the way of perception [1]

In interpersonal relationships of men and women forming the image of the world usually takes place by means of the typical cognitive representations of life and virtually everything that surrounds a person that is his environment, is also a communicative environment.

G.A. Berulava in the monograph "The role of stereotypes of mental activity in the development of the personality," writes: "It is characteristic that in the psychology of constructive alternativizma A. Kelly, which is often seen as an alternative to behavioral psychology, in fact formulates that a person looks at the world through the transparent stencils or patterns, and then tries to fit them accordingly to the realities that make up the world. This tuning is not always productive, but entirely without such templates the world appears so indistinguishable uniformity as that man is not able to find it in any sense. Even a poor tune to the reality more useful than their absence. These templates Kelly calls the personality constructs. Constructs, as a way of interpreting the world is the central concept of his theory. It is not the imprint of the world, but a certain model of the world that a man constructs in his mind. The concept of "reflection" is not applied here, because the reflection is passive process, but construction process is an active one. Constructs allow a person opportunity to build their strategy."

Building strategy is much easier using a group of active methods of influence cognitive stereotypes. For example, consider a family legend, in which main characters play a role in cognitive stereotypes of men and women. Helping to adapt to the realities of the modern world, this legend is very important for the practice of interpersonal relationships and is used as the transparent stencils or patterns in my family and was adjusted to the realities that make up the modern world. In modern world, we - people who think with words and so the language is directly related to the way people are perceiving and assimilating knowledge. Natural languages are very rich and flexible, the same information can be presented in many different ways, and therefore legend has no dialogues, it applies only actions that affect the actions of the protagonists. In addition, each episode forms the unique cognitive factors affecting the meaning of information. Carefully choosing words for the submission of information, we can make more probable particular reaction to it. In this case, without altering the actual content of the information, the legend conveys the entire meaning and knowledge of the field of interpersonal relationships, which people got in the earlier prehistoric period. A special role in this plays figurative language - metaphors, similes and figures of speech. It’s important that it’s impossible to completely get rid speech or the written text off the figurative component, because this factor affects the perception of the world’s image. Perception – is a very complex mechanism and it has its own laws. The deepest laws of life are universal, not only for all people and even for animals. The leading place in the legend concerns factors affecting the basic low-level mechanisms of perception, which in their turn influence the creation of personal constructs in the field of

interpersonal relations "man-woman". There are several types of cognitive factors that are important in the practice of interpersonal relations "man-woman". I represent them in the order given in the legend.

LEGEND

Chapter 1, Selection

Imagine for a moment that we were in the past, on the bank of a wide river, quiet flowing of the river is adjusting body and soul peace. Imagine yourself back to where our ancestors used to live, the ancient people, and in this magnificent kingdom of nature suddenly see a silhouette of a Woman....

Looking at the reflection of trees in the mirror of the river, passing clouds, enjoying the beauty of nature, birds singing, admiring herself in the reflection of the river, she involuntarily smiles, remembering something good in my life. And to express her admiration for a while, she holds out her hands to the sun, feeling the warmth of his with her fingertips and is aware of how beautiful and calm, when the warmth and tranquility reign around.

Since its tortuous path between high cliffs, and then calmly and majestically spill at the foot of a large mountain, river gives life to all living beings that inhabit at her shores. The sun is shining, birds are singing - nature comes back to life after a dream of a summer night. A breeze rustles the crown of majestic trees. World presents the beauty of all living beings.

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From the author:

If we were in the distant past of our ancestors, who could be imagined as a beautiful woman? Maybe someone saw himself; someone saw his half, which is on a life, maybe one that will just come into your life?

***

Meanwhile, out of the forest where a tree leaves little thicker women are watched by two pairs of eyes. These are also the representatives of the human race, both are represented the male half of it.

Let’s watch these two men closer: one is hung with primitive tools of hunting: bow, arrows, spear, which is held by a strong hand, mining slung over his shoulder and a small bunch on his belt. He is young, but there is wisdom in his eyes, the experience and the power of knowledge and the spirit of the warrior. The other also has a bow and arrow, but his eyes fixed on the woman, as the prey that is easy to get. In his eyes cold calculation and passion are shown. He quickly looks on a woman to mine hunter. And it is clear that he is interested in women, too: in the long searching for prey in the forest he starved, because of the lack of interest in the

observation and hunting success is not always smiled him. But knowing how much effort and joy gave him pleasure, anticipating the excitement comparable only to hunting, he quickly assesses the situation and also directed to women.

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From the author:

Again we look closer at these lovely representatives of the male half of the human race. Who do we recognize? Someone saw himself, someone his soul mate with whom one goes on, and someone a person who just comes into your life.

Let's go on our journey into the world of primeval virgin nature. In this world, a person could use only those skills and talents he possessed with, which raised it to a higher degree of development. In this world people acted, obeying only his heart and stir the soul, step by step, getting experience.

***

Worlds of Influence

Energy of sight reached its goal. The woman turned and stared back toward the woods.

Two male silhouettes came from leaves almost simultaneously. One of them was hung with the extraction and moved slowly, while the other was approaching much faster toward the woman.

What thoughts guide their actions: first, **Warrior-Hunter**, under the weight of production was thinking about how it was happy in his home from such a wonderful creation. For the first time feeling he was not previously familiar attended his heart, he first thought about how to protect Woman which is so open to all, so tender and inexperienced.

The other one is free - traveler, trying to get ahead of the first one, knew as his agility, touch affected women. Many times he got pleasure from the sweet relationship ahead of experienced hunters, many times its beauty and ability to please give superiority over them.

And now, moving faster, he imagined much joy and how hunter would get back down from Woman, if it will overtake her first.

Approached a woman, he began to stare intently at her, stroking his hair. **The Woman** looked at him with interest too: "Who are you?" –her eyes said, and free traveler put a hand on her waist firmly. A warrior-hunter, watching this scene, knew what was happening, but today decided not to concede. He cried furiously! It was for the first time he defended his love for a woman and expressed hate to the opponent. The first time his feelings, emotions, fear of losing merged. He

knew that if he allows free traveler to take possession of this woman, there will be irreparable, and his future will be doomed.

No one expected such reaction. Warrior – Hunter's cry made everybody turn round. Free traveler, slightly retreating, removed his hand from the woman's waist, but continued to hold her by the arm, dragging.

Warrior - Hunter realized that his cry startled the one which was his dream, and he pushed her into the hands of an opponent! The decision flashed through his mind, and he came closer, looking into the eyes of a woman, he put production at her feet.

The woman stared the Warrior - Hunter and on his rival Free Traveler...

Free traveler gripped her arm firmly, anticipating the joy of victory and knowing that moments of struggle would pass, its need only to wait a little time for an experienced hunter retreated. Despite the complexity of their situation, woman still trying to free her hand to make a decision on her own. Their hearts pounded chests like a thousand hammers, throbbing temples and disturbing thought. All of them froze for a moment, catching his breath, unable to continue the conflict. The tension reached the limit...

Warrior Hunter realized the desire of women to free and coming closer, he released his grip of power fingers Free Traveler, freeing her from the influence of the opponent. Free traveler stepped back, not daring to continue the battle for the "production", knowing the power of the spirit of the Warrior-hunters.

The woman, freed from the influence for the first time was between two strong representatives of the male half of humanity, it was the first situation of choice: Which of the two men to choose and which of two men she wants to inspire and to go next in life, who can become her hero?

***

So, in what way a woman should independently determine the only one to go further in life? Turning her head to the side of the free traveler and looking into his eyes, she remembered feeling his touch, gentle hands, and warm hands, soft and tremulous interest. But inexplicable anxiety struggled frightened bird in her heart; she did not know the cause of this feeling.

On the other side a warrior-hunter stood, and then she remembered the cry, wild cry that tore her mind. Looking into the eyes of this man, she wanted to submit, to hide, to escape ... Thoughts flashed in her mind: for what the man warned her, what he wanted to achieve with his cry? She suddenly realized that she doesn't want to run away from him and his look was so open that it's frightening. Production thrown by Warrior - Hunter at her feet, spoke for itself, and, raised it, she felt this burden's load, and realized how much effort is spent on hunting in the wild forest. Keeping production in hand, she suddenly realized that the food will now be in her cave.

Remembering his father's eyes, she was mentally transported to a cave, thinking that hunting for him is harder every day. She knew how much knowledge and skills necessary for hunting and all these is in the man who now stands in front of her, and now that the protection, respect and love await her in the future and how well that today Warrior Hunter met in her way. The whole family will be glad to production. The joy from the thought that the warrior-hunter just decided problems issues a warm twinkle settled in the hearts of women.

How little time we need to make decisions that affect the entire course of life. After little thinking, she put her hand in the hand of the Warrior – Hunter. This unexpected decision caused his heart beat faster, a little taken aback from the experience in such a short period, feeling tenderness and warmth of a woman's hand, he understood what value he had. His dream come true, and the way now seemed easier and more joyful. The woman first time felt reliability, support, protection, respect, understanding and dedication; she believed in her choice and made sure that she is trusted.

Together, man and woman had gone away along the bank of the big river. Woman show him the way to her native village, and led him to the parental home.

The choice was done. Choice ... How many times in life shall we do a choice. How to make sure that the choice was right to feel the joy of made decisions? It's simple: Only the heart will tell the right decision.

***

Cconsciousness of people and entire societies is always under the influence of several paradigms or social myths. Getting information from the world, people are gradually conceptualize it and converted first into a smattering, and then into the deep knowledge pertaining to the deepest beliefs and principles of human rights. Naturally, the greatest impact on people causes deep beliefs and they will find themselves directly linked to existing social paradigms and social myths. That is, information is acquired by people as long as it would be laid on this or that social paradigm or a myth. It is clear that if we had the opportunity to change the paradigm in the community or the myths, we could make a very strong and deep impact on the perceptions and behavior of people. Fortunately, such profound impact on cognitive factors as the paradigm and social myths is almost impossible - they live and develop in the collective consciousness for its own laws. However, realizing the existing people’s paradigms and purposefully addressing offered information on the "landing" in this or that paradigm, we can control people's attitudes to large segments of their life experience.

For the rapid development of market relations from the sphere of production allocated to the sphere of business - communication or business communication. Over the last 10-15 years of psychological training has become one of the most common forms of psychological practice. Often different forms of psychological training in ordinary consciousness are opposed to the

theoretical, academic knowledge, as knowledge does not provide a direct practical benefit. As a member of modern society, I want to take initiative and provide a wide range of readers a family legend, which will be useful to anyone who grew up in a family where there was no positive experience in the sphere of interpersonal relations "man - woman". This legend can be used as a coaching tool for the most effective psychological trainings and active group and individual methods of influence in order to obtain a positive emotional experience and adaptation in the same field.

However, I believe that as sooner the reader is familiar with our family legend as sooner will be redemption against the harmful illusions, in the field of interpersonal relations "man-woman", supported by some "modern" ideology and newly appeared "engineers of human souls" among which are the stars of show business, journalists, and other members of our society, which by their ignorance, misunderstandings discredit, trample and spit, praised the entire world culture family shamelessly promoting debauchery. Lacking moral experience that a person can get only in strong relationships society degrades taking a life "without obligation" as a model of relations. Alas, these principles of "life without obligation 'and' free morality" mercilessly trample themselves ideologues similar views on life. Maybe that's enough to write books with provocative titles such as "The Family, and how to survive in it?" and it is worth considering how to survive outside the family, the latter spiritual strength, outside of which the person turns into a defenseless egoist-alone?

In the next four articles I will explain the rest of the head of the family legend concerning other important factors affecting the perception of the world in my family, and I hope that soon the interpersonal relations in the sphere of "man - woman" will stop being amusing toy and the eternal object of discontent subjects of this sphere.

Of course, in this article it is impossible to cover the entire range of processes occurring in the sphere of interpersonal relations "man - woman", but I hope that this material is at least will generate debate and discussion.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.107/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Social Development of Adolescence in Rural Area of Puducherry

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ABSTRACT

The domain of social intelligence and development is a critical component of descriptions of human ability and behaviour. Social skills are important for preparing young people to mature and succeed in their adult roles within the family, workplace, and community. For educators, it is increasingly obvious that learning is ultimately a social process. The present study was conducted on the rural area of Puducherry to find out '**Social development of Adolescence in rural area of Puducherry'**. Total 120 adolescent were selected for the study. Data were analysed using median and t-test. Results (1) based on the median value shows that there is social development in Overall sample, Boys, Children of both literate Parents and Children of single literate Parents. On the other hand Girls, adolescence belongs to other backward caste, scheduled caste and Children of both illiterate parents have poor social development. (2) based on t-test shows that there is no significance of difference between the sub-samples of (i) Boys and Girls (ii) Other backward community and Scheduled community (iii) Children of both literate Parents and Children of both illiterate Parents (iv) Children of both literate Parents and Children of single literate Parents (v) Children of both illiterate Parents and Children of single literate Parents.

Keywords: *Adolescence, Literate*

Development: 'Development' implies the overall changes occurring in both the quantitative as well as the qualitative aspects. Therefore development as a comprehensive term related to all types of changes, can be employed to describe the changes in all dimension of one's personality whether physical, mental, moral and social or any other.

Social Development: Social Development refers to how people develop social and emotional skills across the lifespan, with particular attention to childhood and adolescence. Healthy social development allows us to form positive relationships with family, friends, teachers, and other people in our lives. As we mature, we learn to better manage our own feelings and needs and to respond appropriately to the feelings and needs of others.

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Statement of the Problem:

The Statement of the problem is "**Social Development of Adolescence in rural area of Puducherry"**

OBJECTIVES:

The following objectives were framed:

1) To find out the status of Social Development of Adolescence as a whole in rural area of Puducherry.
2) To find out the status of Social Development of Adolescence under various sub-samples.
3) To find out the significance of difference in Social Development of Adolescence between any two sub-samples.

Hypotheses*:*

1) There is no significant difference between 'social development' of adolescent boys and adolescent girls in rural area of Puducherry.
2) There is no significant difference between 'social development' in adolescence of Other Backward caste and adolescence of Scheduled caste in rural area of Puducherry.
3) There is no significant difference between 'social development' in adolescence of both literate parents and adolescence of both illiterate parents in rural area of Puducherry.
4) There is no significant difference between 'social development' in adolescence of both literate parents and adolescence of single literate parents in rural area of Puducherry.
5) There is no significant difference between 'social development' in adolescence of both illiterate parents and adolescence of single literate parents in rural area of Puducherry.

Limitation of the study*:*

1) Since the samples are collected in school, the adolescence outside the school environment not taken into account for the study.
2) Among the 120 samples, only 1 sample is under the category of Forward caste community. Since the number is very meager for calculation, the above mentioned community cannot take into account for the present study.
3) The Right of Children to free and Compulsory Education Act, 2009 states that children have the right to get free education till they complete class VIII. The main purpose of the act is to outline the provision of quality education for all children between the ages of 6 – 14. Since the constitution of India mentioned that up to class VIII for compulsory education, **the minimum education level of Standard VIII completers are taken as literates**

Operational Definition of the Terms Used:

1. **Adolescence:** The period following the onset of puberty during which a young person develops from a child into an adult. In other words **Adolescence** is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood.

2. **Literate**: A person who is the ability to read and write with understanding in any language is called as literate.

REVIEW OF RELATED LITERATURE

Caprara, Barbanelli, Pastorelli, Bandura and Zimbardo (2000) noted that aggression and other maladaptive behaviors detract from academic success by 'undermining academic pursuits and socially alienating conditions' for the aggressive child. Studies show also that if children are delayed in social development in early childhood they are more likely to be at-risk for maladaptive behaviors such as antisocial behavior, criminality, and drug use later in life

Malecki & Elliot (2002) Studies done with students at the ages of middle childhood and adolescence support the notion that those social skills acquired in early education are related to social skills and academic performance throughout school-aged years. One such longitudinal study done with third- and fourth-grade students found that social skills were predictive of both current and future academic performance.

Herbert-Myers, Guttentag, Swank, Smith, and Landry (2006) provided a glimpse into the complexity and multidimensionality of developing social competence. They found that "social connectedness, compliance, and noncompliance with peer requests were predicted by concurrent language skills, whereas concurrent impulsivity and inattentiveness were important for understanding frustration tolerance/flexibility with peers" (p. 174). They also found that language and skills used in toy play at age three were directly related to language competence and attention skills at age eight. Their conclusion was that early social and language skills influenced later social competence through both direct and indirect means

Bandura and Zimbardo (2000) found that changes in achievement in the eighth grade could be predicted from gauging children's social competence in third grade. At the high school level, Scales et al. (2005) measured students' level of 'developmental assets', (positive relationships, opportunities, skills, values and self-perceptions) and its relationship to academic achievement. In this study, seventh, eighth and ninth grade students with more increased 'developmental assets' had higher GPAs in tenth through twelfth grade than those with less assets. These findings support the view that a broad focus on social and emotional development promotes academic achievement throughout middle and high school.

Girli (2013) When autistic students are placed in a primary classroom with regular students, their social skills and self-concept grow while their aggressive behavior diminishes. Research shows that by having special needs and regular students in an inclusive elementary school classroom benefit both parties. Both types of students learn how to socialize and work together in a classroom. The article shows that, "Inclusion provides a normalized environment for students with special needs in which there are opportunities for establishing friendships and role models for socialization,"

Ramani, Geetha B.; Brownell, Celia A (2014) Cooperative problem solving with peers plays a central role in promoting children's cognitive and social development. This research reveals cooperative problem solving among preschool-age children in experimental settings and social play contexts. Studies suggest that cooperative interactions with peers in experimental settings are not as consistently beneficial to young children's cognitive growth as they are for school-age children. In contrast, both theory and empirical research suggest that social play like that seen in early childhood classrooms is a context in which young children gain critical knowledge from peer cooperation. However, these contexts differ in how much they allow children to create and sustain their own joint goals, which likely influences their learning from cooperative interactions in experimental settings. Features of cooperative social play that allow preschool children to create joint goals are considered, and suggestions for future research are proposed to integrate these features into experimental settings in order to provide a fuller understanding of the development of cooperative problem solving in young children and its benefits

METHODOLOGY

***Research Method**:*

Normative survey method was used.

Sampling Procedure:

The subjects of the study consisted of 120 samples of Secondary and Higher Secondary schools of rural area of Puducherry. The 40 adolescence (samples) in each of the 3 schools were selected through purposive sampling method.

***Tools used**:*

In the present study a standardized tool has been used to collect the required data. The tool used for the present study is "**The positive youth development inventory**" developed by Eccles and Gootman (2002). Which contains 5 – c's out of which 2 –c's of (i) Competence and (ii) Connection were taken to study the social development.

Pilot Study

The 75 randomly selected subjects drawn from three different schools were taken for the pilot study. To improve the tool all the items under (i) Competence (14 items) and (ii) connection (8 items) were framed and pilot study was conducted. The selected 22 statements initially were given to the experts for their approval and suggestions. They judge the appropriateness of the statements and selected 12 items finally. (i.e.,) the 4 items from the **Competence** and all the 8 items from the **Connection** are approved.

For reliability test-retest method was conducted on the sample of 75 in two spells with gap of 15 days. It is also validated and updated for the present study

Description of the tool:

The scale consists of 12 statements calls for a graded response to each statement on a four-point scale ranging from "strong disagreement" to "strong agreement. The points are denoted by 'strongly disagree', 'disagree', 'agree', 'strongly agree'. The Social development scale assigned arbitrary weights i.e., 1, 2, 3 and 4 in the order of 'strongly disagree' response to 'strongly agree' response. The total scores for an individual can be obtained by adding his/her scores for all the individual items.

Statistical Techniques Employed:

Statistical techniques like the median value of the entire sample and its sub-samples were used to find social development. Adolescence who have got scores equal or more than the median value are considered to be having social development and those have got less than the median value are considered to be having poor social development. And t test was used to find significance of difference between two means with reference to their Sex, Caste, and Parental educational qualification.

ANALYSIS AND INTERPRETATION OF DATA

The data collected for the present study have been analyzed and interpreted according to the objective in the following way.

Table-1: Table showing the total sample number, mean, median, standard deviation, % above median and % below median of the overall sample and the sub-samples

S.No	Category	Total No	Mean	Median	SD	Above Median		Below Median	
						Nos	%	Nos	%
01	Overall	120	41.16	42	4.89	62	52	58	48
02	Boys	71	40.55	41	5.00	37	52	34	48
03	Girls	49	41.64	43	4.58	24	49	25	51
04	Other Backward Caste	92	41.23	42	4.79	45	49	47	51
05	Scheduled Caste	27	41.90	43	4.47	10	37	17	63
06	Children of Both literate parent	66	40.56	41	5.00	37	56	29	44
07	Children of Single literate parent	33	41.46	42	4.79	17	52	16	48
08	Children of Both illiterate parent	21	42.59	43	4.12	09	43	12	57

Objective – 1: To find out the status of Social Development of Adolescence as a whole in rural area of Puducherry

Table-2: Table showing the total sample number, median, % above median and % below median of the overall sample

S.No	Category	Total No	Median	Above Median		Below Median	
				Nos	%	Nos	%
01	Overall	120	42	62	52	58	48

It is inferred from the table-2, that the overall samples have scored 62(52%), which is more than the median value of 42 shows that there is social Development of adolescence in rural area of Puducherry.

Objective – 2: To find out the status of Social Development of Adolescence under various sub-samples

Table-3: Table showing the total sample number, median, % above median and % below median of the sub-samples

S.No	Category	Total No	Median	Above Median		Below Median	
				Nos	%	Nos	%
01	Boys	71	41	37	52	34	48
02	Girls	49	43	24	49	25	51
03	Other Backward Caste	92	42	45	49	47	51
04	Scheduled Caste	27	43	10	37	17	63
05	Children of Both literate parent	66	41	37	56	29	44
06	Children of Single literate parent	33	42	17	52	16	48
07	Children of Both illiterate parent	21	43	09	43	12	57

It is inferred from the table-3, that the samples (boys) have scored 37(52%), which is more than the median value of 41 shows that there is social Development of adolescent boys in rural area of Puducherry.

It is inferred from the table-3, that the samples (Girls) have scored 24(49%), which is more than the median value of 43 shows that there is poor social Development of adolescent Girls in rural area of Puducherry.

It is inferred from the table-3, that the samples (Adolescence of Other Backward Caste) have scored 45(49%), which is more than the median value of 42 shows that there is poor social Development in adolescence of other backward caste in rural area of Puducherry.

It is inferred from the table-3, that the samples (Adolescence of Scheduled Caste) have scored 10(37%), which is more than the median value of 43 shows that there is poor social Development in adolescence of scheduled caste in rural area of Puducherry.

It is inferred from the table-3, that the samples (Children of Both literate parent) have scored 37(56%), which is more than the median value of 41 shows that there is social Development in adolescent children of both literate parent in rural area of Puducherry.

It is inferred from the table-3, that the samples (Children of Single literate parent) have scored 17(52%), which is more than the median value of 42 shows that there is social Development in adolescent children of Single literate parent in rural area of Puducherry

It is inferred from the table-3, that the samples (Children of Both illiterate parent) have scored 09(43%), which is more than the median value of 43 shows that there is poor social Development in adolescent children of both illiterate parent in rural area of Puducherry

Objective – 3: To find out the significance of difference in Social Development of Adolescence between any two sub-samples

Hypothesis -1 : **There is no significant difference between 'social development' of adolescent boys and adolescent girls**

Table-4't' value between adolescent boys and adolescent girls

Sex	Numbers	Mean	S.D	't' value	5% level of significance
Boys	71	40.55	5.00	1.25	NS
Girls	49	41.64	4.58		

It is inferred from the above table that the calculated 't' value between Adolescent Boys and Adolescent Girls with respect to their Social development is less than the table value at 5% level of significance (1.96). Therefore the null hypothesis is accepted.

Hypothesis -2: There is no significant difference between 'social development' in adolescence of Other Backward caste and adolescence of Scheduled caste in rural area of Puducherry.

Table-5 't' value between adolescence of Other Backward Caste and adolescence of Scheduled Caste

Community	Numbers	Mean	S.D	't' value	5% level of significance
Other Backward Caste	92	41.23	4.79	0.69	NS
Scheduled Caste	27	41.90	4.47		

It is inferred from the above table that the calculated't' value between adolescence of Other Backward Caste and adolescence of Scheduled Caste with respect to their Social development is less than the table value at 5% level of significance (1.96). Therefore the null hypothesis is accepted.

Hypothesis -3 : There is no significant difference between 'social development' in adolescence of both literate parents and adolescence of both illiterate parents in rural area of Puducherry

Table-6 't' value between adolescence of both literate parents and adolescence of both illiterate parents.

Literate Background of parent	Numbers	Mean	S.D	't' value	5% level of significance
Both Literate parent	66	40.56	5.00	1.87	NS
Both illiterate parent	21	42.59	4.12		

It is inferred from the above table that the calculated 't' value between adolescence of both literate parents and adolescence of both illiterate parents with respect to their Social development is less than the table value at 5% level of significance (1.96). Therefore the null hypothesis is accepted.

Hypothesis -4, There is no significant difference between 'social development' in adolescence of both literate parents and adolescence of single literate parents in rural area of Puducherry.

Table-7 't' value between adolescence of both literate parents and adolescence of single literate parents.

Literate Background of parent	Numbers	Mean	S.D	't' value	5% level of significance
Both literate parent	66	40.56	5.00	0.89	NS
Single literate parent	33	41.46	4.79		

It is inferred from the above table that the calculated 't' value between adolescence of both literate parents and adolescence of single literate parents with respect to their Social development is less than the table value at 5% level of significance (1.96). Therefore the null hypothesis is accepted.

Hypothesis -5: There is no significant difference between 'social development' in adolescence of both illiterate parents and adolescence of single literate parents in rural area of Puducherry

Table-8't' value between adolescence of both illiterate parents and adolescence of single literate parents.

Literate Background of parent	Numbers	Mean	S.D	't' value	5% level of significance
Both illiterate parent	21	42.59	4.12	0.94	NS
Single literate parent	33	41.46	4.79		

It is inferred from the above table that the calculated 't' value between adolescence of both illiterate parents and adolescence of single literate parents with respect to their Social development is less than the table value at 5% level of significance (1.96). Therefore the null hypothesis is accepted.

FINDINGS AND SUGGESTIONS

On the basis of the analysis, following important findings are mentioned.

Finding based on the median values:

1. About 62 out of 120 overall samples i.e., 53% have shown that there is social development of adolescence in rural area of Puducherry.

2. 52% of the samples (Boys) have shown that there is social development of adolescent boys in rural area of Puducherry.
3. Whereas, 49% in(Girls) samples shows poor social development of adolescent girls in rural area of Puducherry.
4. The Adolescence of other backward caste and Adolescence of Scheduled caste in rural area of Puducherry are poor in social development by showing 49% and 37% respectively.
5. 56% of adolescence children of both literate parents have shown social development in rural area of Puducherry.
6. 52% of adolescence children of single literate parents have shown social development in rural area of Puducherry.
7. Whereas, 43% in sample of adolescence children of both illiterate parents have shown poor social development in rural area of Puducherry.

FINDING FROM HYPOTHESES:

The following hypotheses framed for the study were accepted, they are:-

1) There is no significant difference between 'social development' of adolescent boys and adolescent girls in rural area of Puducherry.
2) There is no significant difference between 'social development' in adolescence of Other Backward caste and adolescence of Scheduled caste in rural area of Puducherry.
3) There is no significant difference between 'social development' in adolescence of both literate parents and adolescence of both illiterate parents in rural area of Puducherry.
4) There is no significant difference between 'social development' in adolescence of both literate parents and adolescence of single literate parents in rural area of Puducherry.
5) There is no significant difference between 'social development' in adolescence of both illiterate parents and adolescence of single literate parents in rural area of Puducherry.

SUGGESTIONS:

1) For the further study the sample size have to be increased.
2) The study has to be conducted by including more sub-samples.
3) The number of the items in the questionnaire has to be increased through proper pilot study with the help of the expert advice.

CONCLUSION:

Social skills allow people to succeed not only in their social lives, but also in their academic, personal, and future professional activities. The present study "Social Development of Adolescence in rural area of Puducherry" reveals that there is social development in overall adolescence, among the sub-samples - Boys, children of both literate parents and children of single literate parents have social development and the rest of the sub-samples like Girls, Adolescence of Other backward caste, Adolescence of Schedule caste and Children of both illiterate parents have poor social development. But the difference in social development between sub-samples is minimal. Thus this study suggests the school administrations in that area have to focus in developing social development among students.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.108/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Perceived Psychological Resilience among the Survivors of a Tragedy in Kenya: A Theoretical Approach

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ABSTRACT

This paper sought to examine the perception of survivors of tragedy in Kenya on Psychological Resilience. The study adopted a mixed design approach. The target population for this study was 50. It comprised all individuals who were victims of the fire tragedy at Kiambaa village. Questionnaires and unstructured interview schedule were the main tools of data collection. The 25 item Connor-Davidson Resilience Scale 25 (CD-RISC-25) (used with permission) Connor and Davidson (2003) was used to measure the resilience levels of the respondents. Means and Standard deviations were computed to quantify the amount of variation or dispersion of resilience among the respondents. Responses from research tools were cleaned, coded and entered into Statistical Package for Social Sciences (SPSS) for analysis. Pearson product moment correlation analysis, Chi square correlation analysis and Spearman rank correlation analysis were computed to establish the relationships between study variables. Findings were presented in form of tables, cumulative frequency counts, graphs and charts.

Keywords: *Psychology, Resilience, Trauma, Tragedy, Violence*

In psychology, the focus of resilience paradigm is on the individual. Fletcher and Sarkar (2013) emphasized that "it is the study of psychological resilience that seeks to understand why some individuals are able to withstand – or even thrive on – the pressure they experience in their lives" (p. 12).

When people experience tragic events such as violence they get traumatized. Most of them are not able to carry out their normal routine tasks (Robert, 2005). They experience a wide range of reactions, positive and negative. Their strengths and abilities increase and decrease making it possible to gain control of their lives differently.

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After violence, people will most likely face challenges and experience significant psychological, social, vocational and emotional difficulties. Despite these challenges, there are individuals who are able to adopt and bounce back with minimal disruption to their lives. Others are eventually able to recover close to their pre-trauma level of functioning, though this is rare (Curtis & Nelson, 2003). Although their present functioning may not be exactly as it was in pre-trauma, a new baseline can be established where the survivors learn new skills and ways to cope with the situations.

Resilience is a crucial area for psychologists to assess individuals and strengthen them particularly those who have experienced various life threatening traumatic events. Resilience is relevant to traumatized people's adjustments to setbacks that arise from the tragedy. According to the available literature, little research has addressed factors that contribute to resilience after trauma and the psychological and individual experiences.

Several theories have attempted to elucidate resiliency factors, their inter-relationships, as well as their underlying mechanisms, processes, and outcomes. These theories have emerged from personality, cognitive and biological orientations. However, the theoretical concepts of Richardson's "met theory of resilience and resiliency" and Joseph and Linley "organism valuing theory" guided this study on investigation of psychosocial resilience perception by survivors.

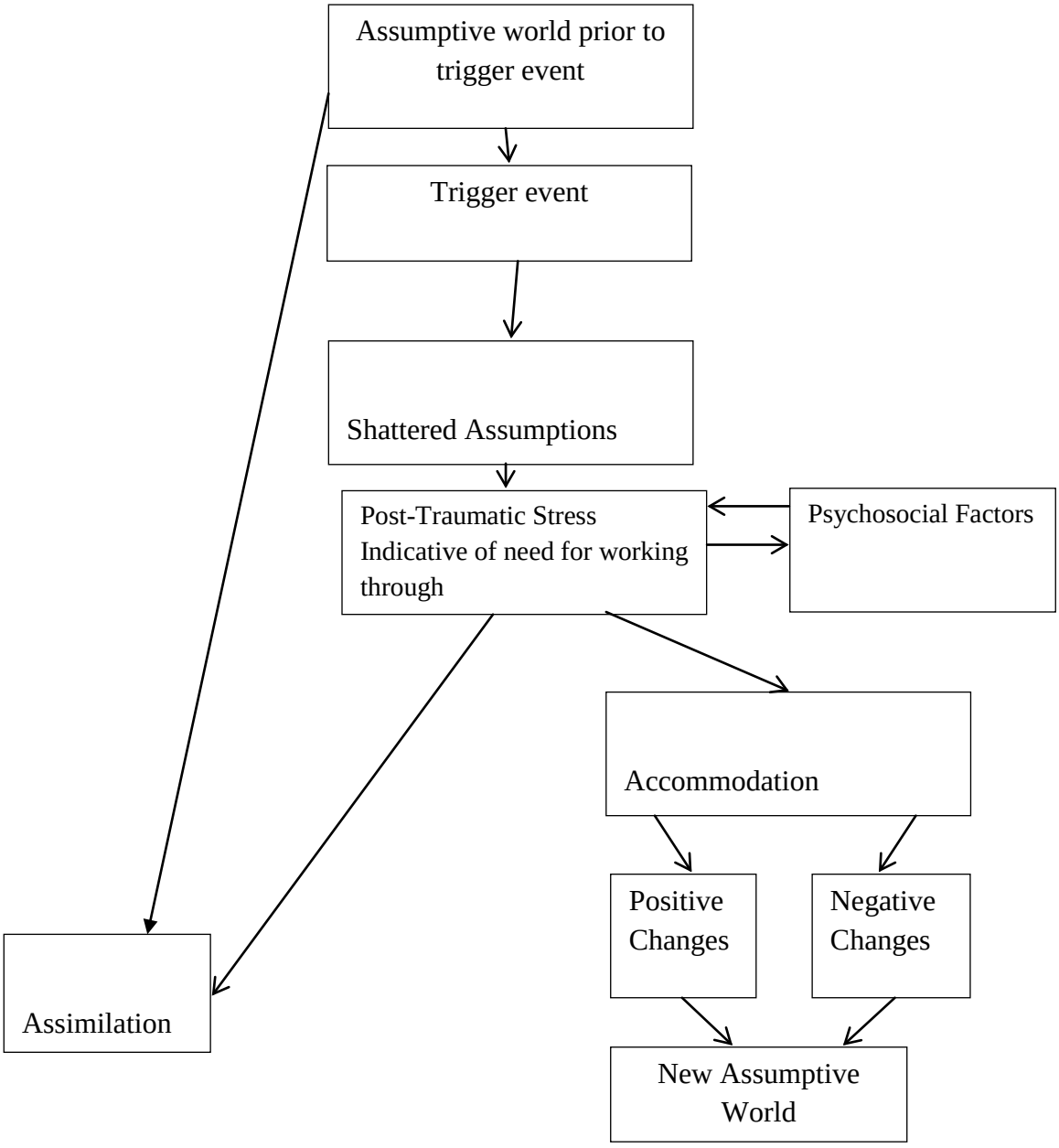
Richardson's Meta-theory of Resilience and Resiliency

Richardson (2002) conceptualized that resilience is a force within everyone that drives them to seek self-actualization, altruism, wisdom and be in harmony with a spiritual source of strength. He identified three different waves of resiliency enquiry; characteristics of people who effectively cope with and grow through disruption, the process in which such people acquire these characteristics and the recognition of innate resilience and the capacity to grow and develop. According to the theory, resilient reintegration develops by the strengthening of the resilient qualities.

According to this theory an individual begins at a state of physical, mental and spiritual homeostasis (biopsychospiritual homeostasis - figure 1), then disruption occurs, in this case -the fire tragedy. After the disruption the individuals reintegrated to homeostasis in one of the four ways: resilient reintegration, re-integration back to homeostasis, re-integration with loss and dysfunctional re-integration. This paper specifically focuses on the resilient reintegration and the protective factors (age, gender, personality traits, spirituality and social support) that contributed to it. The essence of re-integrating to homeostasis in some cases may not be an option in situations such as permanent physical loss, mobility loss or death of a loved one. Recovering with loss means that people give up some motivation, hope or drive because they are prompted to by the demands of life. Dysfunctional reintegration occurs when people resort to use of destructive substances (Figure 1). Resilience reintegration may also be postponed and people may resort to negative coping mechanism such anger, distrust and bitterness. Years later such

individual's coping pattern may be disrupted and they may reintegrate to healthier coping skills, this may occur through social support and intensive spiritual support. Richardson further asserts that there are protective factors that assist the individual to reach the stage of resilient reintegration and which comprise an adaptive state of mind, body and spirit, which according to Richardson (2002) is the attainment of biopsychospiritual homeostasis and this state can be achieved regardless of the circumstances of the individual.

Figure 1: The Metatheory of Resilience and Resiliency
Source: Richardson (2002)



Joseph and Linley Organismic Valuing Theory

This study is informed by Joseph and Linley (2005) in "organismic valuing" theory, which stems from Carl Rogers Person Centered approach, who posit that people are intrinsically motivated to rebuild their lives in a direction consistent with the new trauma- related information. According to the theory, new trauma-related information can be processed either by being assimilated within the existing models of the world or existing models of the world must accommodate the new trauma-related information. The accommodation may require individuals to change their world views. Accommodation can either be negative which may include hopelessness and helplessness, or positive direction dependent on the meaning attributed to the traumatic event (Payne, Joseph, & Tudway, 2007). The theory gives three possible outcomes; the experiences that can be assimilated to the pre-trauma baseline, the experiences that can be accommodated in a negative direction (psychopathology) and experiences that can be accommodated in a positive direction (growth). The theory shows how people's valuing process can lead to actualization of positive changes and psychological well-being through the positive accommodation of the new trauma related information which is provided by the social environment (Figure 2). This leads to greater psychological well-being, although it does not necessarily lead to greater subjective well-being. The theory holds that this occurs when the social environment is able to meet the individual's psychological needs for autonomy, competence, and relatedness, and the organisms valuing process is then promoted.

Organismic valuing theory holds that it is human nature to strive to integrate new experiences and to reorganize the self-structure accordingly, to modify existing models of the world to positively accommodate the new trauma-related information. Adverse events show that people are fragile, that the future is uncertain, and when this happens to the self-structure it may lead to intrusive and avoidant states which are characteristic of post-traumatic stress disorder (PTSD). The person goes through a series of oscillating phases of intrusion and avoidance as the new trauma-related information is processed, this continues until a baseline is reached.

Figure 2: Organismic Valuing Theory of Resilience following Adversity
Source: Joseph and Linley (2005)

The theory is also consistent with the notion that accommodation rather than assimilation is necessary for growth. It specifies that accommodation may occur either positively or negatively. When a baseline is reached and intrusive and avoidant states are no longer present, the cognitive assimilation of the traumatic memory or a revision of existing schemas to accommodate new information has been achieved by the person. However, this may be challenging and may require a supportive social environmental context that facilitates satisfaction of the basic psychological needs for autonomy, competence and relatedness. These needs act as factors of resiliency that direct the person towards positive accommodation of the traumatic event.

The theory also specifies the importance of comprehensibility which is significant in deriving meaning as people struggle with the traumatic event and when this is achieved assimilation or accommodation of the information may occur. In this theory the positive benefit is found in psychological growth which is facilitated by factors such as satisfaction of basic psychological needs which include affiliation, autonomy, competency and a supportive social environment.

Based on this theory, this study attempted to find out the perceived psychosocial resilience among the affected people of Kiambaa village that may have resulted to some individuals experiencing assimilation and others accommodation after the disruption or trauma from the fire tragedy. According to Joseph and Linley (2005) assimilation is simply returning to assumptive world before trauma and this was also conceptualized by Richardson (2002) as re-integration to homeostasis. Accommodation happens when individuals strive to integrate new experience which according to the theory it may result to positive or negative changes that will lead to the individuals acquiring new assumptions of the world (Calhoun, Cann, &Tedeschi, 2010).

Amering and Schmolke (2009) asserted that resilience was used to imply the power to resist, mental elasticity and regaining the former mental stability following a stressful period or event in clinical psychology and psychotherapy. Kelley and Pransky (2013) equated psychological resilience with inner health and asserted that "innate resilience…is the essence of a balanced, healthy state of mind evidenced by the logic of fundamental principles that appear to account for all human experience" (p. 2).

METHODOLOGY

The study is philosophically underpinned in the descriptive-interpretive qualitative research applied within a mixed method design. This study employed mixed methods research design which is a procedure for collecting, 128 analyzing and "mixing" both quantitative and qualitative research methods in a single study in order to understand a research problem better (Creswell, 2012).

To attain a complete understanding of psychological resilience in fire survivors and to ensure comprehensiveness of study results, a mix of qualitative and quantitative research methods were employed. The aim for choosing sequential exploratory design was the lack of a verified framework for explaining psychological resilience. As in every mixed-methods design, the critical components of the sequential exploratory design is (1) the level of interaction between the qualitative and quantitative strands, (2) the relative priority of the strands, (3) the timing of the strands, and (4) the procedures for mixing the strands (Creswell & Plano Clark, 2011).

A semi-structured interview protocol was used to collect in-depth information from survivors of the Kiambaa fire tragedy. According to Patton (2002), semi-structured type of interviewing allows natural and spontaneous interaction on the topic.

The semi-structured interview schedule consisted of questions focusing on the factors perceived by the individuals exposed to the fire tragedy as associated with psychological resilience. The questions followed a logical order, from more general questions to more specific ones. The interview began with a general question regarding psychological resilience. Interviewees were then asked how resilient they perceived themselves and why. Data was organized and presented thematically.

FINDINGS AND DISCUSSION

The aim of the study was to investigate perceived psychological resilience in the survivors of the 2008 fire tragedy in Kiambaa Village, Eldoret District, UasinGishu County, Kenya. Personality, Spirituality and social support were the basis to which the results on the perception of psychological resilience were reported. The findings thus show five sampled participants of different age groups that were interviewed.

The purpose was to provide an extensive description of the sample and add more in-depth and richer insight (Yin, 2003). These individuals were perceived to be the most traumatized because they were inside the burning church and incurred physical injuries and lost the loved ones in the fire tragedy (researcher, 2014).

Participant 1, age 30 years was a married female who was self employed and a housewife. She had achieved up to primary school level of education and her loss in this case was child and property.

Personality characteristics

The participant indicated that she feels confident, is emotionally stable and rarely gets upset. After the traumatizing experience of the fire tragedy following the post election violence, she decided to move on and overcome the pain, bitterness and anger. She described herself as organized, a good planner and emotionally stable. Her general perspective about life is positive and this she believes helped her cope with the adversities she faced her after the fire tragedy. She explained she was generally talkative, and enjoyed the company of others.

Spirituality

The participant and her family were active members in church, she indicated that she experienced spiritual growth after the adversity and this helped her deal with the trauma. She believed that her spiritual faith gave her hope and motivation which enabled her to stay well during the traumatizing period. She also believed that God's power gave her strength and meaning to move on with life despite the traumatizing issues she faced. Through spirituality, she learnt to forgive her aggressors; this helped her to experience religious purification and peace. She learnt to trust God for protection/security and never doubted his supernatural power. She also indicated that she offered spiritual care to others who were more traumatized which gave her more meaning to life. The participant indicated that she prayed persistently during the time of

adversity, and she believed God answered her prayers because she experienced peace and emotional calmness.

Social support

The participant explained that she received support from her family members, particularly her husband and parents. She also received substantial support from counselors, social workers, religious groups and volunteers. The participant also indicated that she offered help to others who were more traumatized than her. At the time of the interview, she was actively involved in church activities which include supporting and encouraging each other. Generally, the participant believed she had adapted and had learnt to cope with the post trauma situations. She indicated she had a strong faith and purposeful life and was optimistic about the future.

In the above case, the participant has a positive perception to psychological resilience as she believes that striving through; forgiveness; prayer and family support has helped her thrive. She is very optimistic.

Participant 2, a male respondent who was aged 28 years married and self-employed business man said he had attended school to a primary level. He had lost his parents and property.

Personality characteristics

This business man believed he possesses capabilities to organize and execute courses of action required to manage adversity. He described himself as resourceful and of high self-esteem. He believed these personal characteristics helped him cope with the trauma he faced after the adversity. He also indicated that he had high interpersonal abilities such as social skills, problem solving and impulse control. He had secure attachments with his family and friends and this helped him cope with the trauma after the adversity. He also indicated that he was emotionally stable and felt accomplished.

Spirituality

Participant 2 indicated that he lived a spiritual life, he attended church and appreciated that: "God is first in life". He believed he was close to God and that God provided the necessary support he needed at the time of the adversity. He trusted for protection and security after the adversity. He believed he received the miracle and things turned around and he was able to bounce back after the traumatic episode. His source of strength according to him was his ability to forgive and forget; this he said was instrumental in the healing process. He believed his spirituality helped him deal with; anger, bitterness, guilt, aggression, anxiety, panic attacks and fears that he experienced after the fire tragedy.

Social support

The participant received social support from friends, family, counselors, volunteers, spiritual leaders and other agencies. This support he says helped him to learn to appreciate others and got

encouraged as he interacted with others and also as they shared the experiences. He believed his family played a major role in enhancing his recovery after the trauma. He indicated that his father and uncle were his role models and his pillar. This participant believed that the attachment he had with his family provided him with love and a sense of belonging. His community members were also instrumental in offering social support although he valued the support from his family members more.

The responses above indicate that the respondent was confident that his personality, spiritual life and social support from family have helped him push though the fire tragedy ordeal. He believed he was close to God and that God provided the necessary support he needed at the time of the adversity, protecting and securing him against all odds.

Participant 3, was a female widow aged 40 years that was a self-employed farmer having gone up to primary level of education. She had lost her husband and property in the tragedy.

Personality characteristics

Had high feelings of anxiety, anger, guilt, bitterness and was often in depressed moods. She was fond of blaming others for negative issues in her life and tended to be sensitive and shy. Problems overwhelmed her and during the time of the fire tragedy, she developed serious depressive episodes. She was in a state of denial for a long time and said she rarely shared her feelings with others.

Spirituality

Participant 3 indicated that she was an active member of her local church and participated regularly in church activities. She participated in the church support group and fellowships and these activities boosted her morale and spirituality. Her spiritual life was a strong part of her that gave her a new phase in her life after the trauma. She indicated that her spirituality had given her a new meaning of life. She was at peace because through her spirituality, she learnt about forgiveness and this helped her deal with the feelings of anger, bitterness, anxiety and depressed moods. Spirituality gave her a new meaning of life after the adversity.

Social support

The participant indicated that she had adapted well to the trauma and loss she encountered after the fire tragedy. She received social support from family, friends, relatives, counselors, social workers, government health workers and other community based workers. The participant believed the social support from family and others provided her with understanding, companionship, and sense of belonging and positive self-regard. This participant also indicated that she was engaged in offering support activities to others because she had understood the importance of social support, and the positive outcomes it contributes to stressed individuals.

Filled with anger and bitterness, this responded was adversely depressed, affected by the trauma. She however felt at peace through her spiritual wellbeing, and this helped her lot with the social support she received from family. This is an indication that even though the psychological resilience was minimal, one is always able to strive though with support.

Participant 4 was a female widow, also aged 65 years, a farmer who had no formal education; she was reported to have lost her relative and property.

Personality characteristics

The responded described herself as a woman of high self-esteem and could easily adapt to change. This, she believed, helped her cope with the adversity. Her approach to life was action oriented and she set her personal goals on how to survive after the adversity and this helped her deal with the trauma and subsequent losses. She believed she would adjust because she had experienced similar episodes before and had managed to move on. She had matured after going through the experience of losing a loved one. She believed that the tough episodes she had experienced gave her more courage to develop coping strategies. She described herself as a patient and loving person who forgave willingly the neighbors who violently harmed them.

Spirituality

The participant indicated that she was a staunch member of her local Christian church and she loved singing in the church choir. She cherished being involved in the activities of the church, such as helping others through fellowship meetings and home visits. Her spirituality was a great resource and she had faith she could overcome any stress/adversity. She spoke passionately of her religious beliefs and believed God was in control of every situation. During the time of the tragedy she totally surrendered all her tribulations to God; this gave her peace and motivation to move on. She did not take pride of any personal achievements. According to her, "all the glory and honour goes to God, without Him I would not have made it".

Social support

Participant 5 received substantial social support from family, relatives, friends, health professionals, community members and other agencies. She noted that the social support was instrumental to her during the healing process. After she recovered from the trauma, she engaged in providing social support to others who were experiencing regression and were taking too long to recover. The participant believed that through social support she developed secure attachment with others particularly members of her family and members of the community.

Self esteem was an enabling factor to get through the fire tragedy adversity. Religious believe and social support was also factors that helped.

Participant 5 on the other hand, was an elderly of age 75years male who was a married poultry farmer that in the tragedy had lost his daughter, grandchildren and property. He had no formal education.

Personality characteristics

Participant 5 described himself as patient, tolerant and optimistic about the future. He had encountered adversities in the past and he was not overwhelmed. He believed he had a powerful internal locus control and had the ability to adopt to change. At the age of 75, he was able to set personal or collective goals and organize issues well. He indicated that he was committed to live a meaningful and resourceful life. He admitted that he was severely affected by the tragedy but he chose to be strong and courageous and moved on despite the trauma her was experiencing.

Spirituality

The participant believed his spirituality assisted him cope with the trauma. It gave him hope and confidence to move on. He said "it is comforting to know you are not alone, but there is a higher power watching over you". He believed God bailed him out of the pain and anguish he was experiencing after the trauma. He prayed persistently and God answered his prayers and for him, God was his great source of strength.

Social support

The participant received social support from family, relatives, friends, counselors, social workers, members of the community, and religious leaders. The participant received emotional support, instrumental support and informational support. He indicated that the social support helped him to overcome the stresses he faced after the adversity. He appreciated all types of support he received.

CONCLUSION

In this paper, psychological resilience has been defined as the ability to bounce back from and withstand adversities and threatening situations by maintaining healthy levels of psychological functioning. From the findings of the study, social support, spirituality and personal characteristics are seen as among those factors that helped individual survivors thrive through traumatic, adverse events. It may be assumed that these factors enabled them to assimilate or accommodate positive/negative changes and formed new assumptions of the world (Joseph & Linley, 2005). The factors may also have assisted the individuals to work through the posttraumatic stress they experienced and this could have resulted to their resilient reintegration (Richardson, 2002).

RECOMMENDATIONS

The researcher also recommends that there is need to extend the present study by including other potentially important variables such as a wider range of psychosocial resources or health-related

variables. Understanding the influence and importance of these variables may help to clarify the role of resilience in post-disaster adaptation.

In addition, the researcher recommends that there is need to further extend the study to investigate the relationship between psychological resilience and another positive outcome, such as posttraumatic growth (PTG).

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.109/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Depression and Suicidal Ideation among Older Adults of Kashmir

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ABSTRACT

The present study was undertaken to map the ground trends of depression and suicidal ideation among elderly Kashmiris in association with connected socio-demographic variables and also to find the relationship of depression with suicidal ideation. The sample consisted of 184 older adults (102 elderly males & 82 elderly females) taken from different districts of Kashmir. The age of the sample group ranged from 58-76 years with mean age of 67 years. Purposive sampling technique was used for research purpose. Aaron Beck's Depression Inventory (BDI-II 1996) and Beck & Steer's Suicide Ideation scale (BSSI 1991) was used. T-test was used to test the significance of difference in depression and suicidal ideation between various groups and Pearson's Product Moment Correlation was used to determine the relationship between depression and suicidal ideation. The findings of the present study revealed that there is no significant mean difference in the depression level of older adults with respect to various socio-demographic variables. Further, the findings of the present study reveal that there is significant mean difference in the suicidal ideation of educated and uneducated elderly as is true for rural and urban older adults. However, no significant mean difference was found in suicidal ideation of male & female older adults and also no significant mean difference was found in the suicidal ideation of those elderly whose spouse are alive and those who are widowed. Results further reveal that depression has significant positive correlation with suicidal ideation indicating that depression acts as risk factor for suicidal ideation.

Keywords: *Depression, Suicidal Ideation, Elderly, Kashmir.*

Ageing is a universal process associated with certain changes that take place in an organism leading to morbidities, disabilities and even death. The beginning of old age is 60 or 65 years which is roughly equal to retirement ages in many developed and developing countries (Gorman M. et al 1999). However, "there is no single age at which we can say that people cross the threshold into old age. As health care facilities improve in countries, the proportion of the elderly in the population and the life expectancy after birth increase accordingly. This is the trend which has been seen in both developed and developing countries. The rise in the proportion of the ageing population represents one of the most significant demographic shifts in history. In 1950

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there were 205 million people who were over 60, in 2000 there were 606 million people and by 2050 there will be 2 billion elderly people. Again two-thirds of the world's elderly people live in developing countries. It has been documented that elderly are more prone to psychological problems and depression is the commonest geriatric psychiatric disorders. Depressive symptoms and depressive disorders are a substantial mental health problem for older adults (Blazer *et al*., 1987; Zarit and Zarit, 1998). In fact the elderly in India face a multitude of social and psychological problems. In 1966, the Mental Health Advisory Committee to Govt. of India suggested a prevalence rate of mental illnesses of 20 per 1000 population with 14 per 1000 in rural areas (Elnagger MN et al). As age advances there is increased morbidity and functional loss, also presence of a variety of depressive factors and occurrence of varying life events greatly impact on one's psychological status, making them more prone to depression. Symptoms in older persons may differ somewhat from symptoms in other populations. Depression in older people is often characterized by memory problems, confusion, social withdrawal, loss of appetite, inability to sleep, irritability and in some cases delusions and hallucinations. It's natural to feel grief in the face of major life changes like those so many older people experience, such as retirement, leaving a home of many years or losing a loved one. Although there is no single, definitive answer to the question of cause, many factors – psychological, biological, environmental and genetic – likely contribute to the development of depression. The radical change in the social structure over past few decades has eroded the family's ability to care for elderly as well as decrease co-residence of adult children with the elderly. Many studies have indicated severe under-recognition and undertreatment of depression in the elderly, even in developed counties **(** Maletta G, et al 2000; Nierenberg AA, et al 2001). Depression is expensive financially and in terms of human life. People with depression have a substantially increased risk for suicidal ideation and eventually in several cases early death. Even when depression in older people seems to have less symptoms, the risk for becoming suicidal in over 75 years old people is 30.5% (in comparison to 3.4% in people below 25 years of age (Weyerer and Bickel 2007).

Suicidal ideation

Suicidal ideation is the existence of thoughts pertaining to ending one's own life. It may vary in seriousness depending on the specificity of suicide plans and the degree of suicidal intent (American Psychiatric Association, 2003). Suicide ideation, which comprises suicidal thoughts or threats devoid of action, is more common than suicide attempts and completed suicides and its prevalence varies widely. Lifetime prevalence of suicidal ideation has been reported to range from 2% to 18% (Kessler et al., 1999; Weissman et al., 1999). Suicidal ideation can vary significantly in different age groups. Suicidal ideation among the elderly has been suggested to be around 4% (Skoog et al., 1996). Suicidal ideation can be of a habitual or chronic as well as of an acute nature (Goldney et al., 1989; Diekstra & Garnefski, 1995). Suicidal ideation can be manifested from transient thoughts with respect to the worthlessness of life and death wish, to permanent, concrete plans for killing oneself and obsessive preoccupation with self-destruction.

Suicidal ideation may be an aspect of depressed mood and also from the other point of view, a coping strategy with such a mood. Freud proposed in the influential 1917 paper, *Mourning and*

Melancholia that most individuals cope with the loss of a loved person through the experience of mourning. However, he believed that there are other vulnerable individuals for whom the loss experience is unbearable and generates enormous anger. The individual feels ambivalence but preserves the mental image of the loved one by internalization and it becomes part of the ego. Feelings of anger towards the lost objective are not possible to express and so they are transformed into self-sensure and the wish to harm oneself. When these feelings reach a critical pitch, they lead to the urge to destroy the self.

Early cognitive accounts of suicidal behaviour were developed from cognitive theories of depression (Beck et al., 1975). Suicidal patients were assumed to share the frequent occurrence of depressed patient's negative thinking, compounded by logical errors, and a tendency for long-term belief structures to be activated by current depression. Beck with his colleagues (1975; 1990) showed in their research that there is a strong relationship between life stress and suicidal behaviour. When depressed patients believe that there is no solution to their problems, they consider suicide as a way out of an intolerable and hopeless situation.

Teasdale et al. (1988) proposed a differential activation theory (DAT), which suggests that during episodes of depression, associations are formed between sad mood and a constellation of negative processing bias. With each occurring episode of depression, the network of depressive cognitions is strengthened, elaborated and becomes increasingly accessible. Joiner et al. (2003) and Lau et al. (2004) suggested that this theory could be extended to the explanation of recurrence of suicidal behaviour. Painful and fear-inducing qualities of suicidal behaviour can diminish with repetition, while opposing processes may intensify. Williams et al. (2005a; 2005b; 2006) refined this theory further in their reports. DAT suggests that the risk of future suicidality is dependent on the extent to which suicidal thoughts and plans have become a part of the processing pattern that is reactivated when low mood reoccurs.

Present study:

To age is to grow and decline at same time; the numerous losses which elderly confront as they approach their twilight years has serious impact on their mental health. The review of literature has shown that in India and particularly in Kashmir, the mental health issue of elderly is a neglected area and little is known about their subjective conditions. The need to generate a knowledge base appropriate and relevant for addressing the psychological impact of old age is imperative and critical. Since, depression and suicidal ideation are interrelated variables and provides significant information about the mental health of the elderly. Therefore, it is expected that this study will add to the existing literature and will also validate facts in this area of knowledge. Furthermore, the study will provide unique information regarding the mental health issues of elderly in this region. *Keeping these facts in view the investigators felt the need for carrying out the study of depression and suicidal ideation among older adults of Kashmir. Hence, the study entitled "DEPRESSION AND SUICIDAL IDEATION AMONG OLDER ADULTS OF KASHMIR" is formulated with following objectives:*

1. To assess depression and suicidal ideation among older adults of Kashmir.
2. To compare level of depression and suicidal ideation of older adults of Kashmir with respect to various demographic variables as gender, education, domicile and marital status.
3. To examine relationship between suicidal ideation and depression.

Hypothesis:

On the basis of above objectives, the following hypotheses have been formulated:

Ho1: There is no significant difference in the depression level of male and female older adults of Kashmir.

Ho2: There is no significant difference in the suicidal ideation of male and female older adults of Kashmir.

Ho3: There is no significant difference in the depression level of educated and uneducated older adults of Kashmir.

Ho4: There is no significant difference in the suicidal ideation of educated and uneducated older adults of Kashmir.

Ho5: There is no significant difference in the depression level of rural and urban older adults of Kashmir.

Ho6: There is no significant difference in the suicidal ideation of rural and urban older adults of Kashmir.

Ho7: There is no significant difference in the depression level of married and unmarried (widowed, separated/divorced) older adults of Kashmir.

Ho8: There is no significant difference in the suicidal ideation of married and unmarried (widowed, separated/divorced) older adults of Kashmir.

Ho9: There is no significant correlation between depression and suicidal ideation.

METHOD:

Participants:

A sample of 184 older adults (102 elderly males & 82 elderly females) was taken from different districts of Kashmir and the sample was purely purposive in nature. The age of the sample group ranged from 58-76 years with mean age of 67 years.

Measures:

Aaron Beck's Depression Inventory (1996)*:* The Beck Depression Inventory (BDI-II) is a 21-item self-report and most widely used instrument intended to assess the existence and severity of symptoms of depression. The BDI-II has been found to have good internal consistency reliability with Cronbach's alpha ranging from .76 to .95 in psychiatric samples and from .73 to .92 in non-psychiatric samples. The test-retest reliability of the BDI is also moderate-strong correlations ranging from .48 to .86 with psychiatric patients and from .60 to .83 with non-psychiatric groups. Beck & Steer's Suicide Ideation scale (BSSI 1991) was used. The BSI is a 21-item self report inventory. First 19 items are scored, whereas the last 2 items, which inquire about the history of

suicide attempts, are not scored. Each item is rated on scale ranging 0-2. Total scores on the BSI can thus range from 0 to 38 points, with high scores indicating high suicidal ideation and low score indicating low suicidal ideation.

Socio-demographic variables

These included gender, age categorized into 58 years and above; Muslim religious orientation. Marital status was represented as currently married and currently not married (single, divorced, separated, or widowed). Education was measured as literate versus illiterate. Domicile was represented as belonging to rural and urban.

Procedure:

The subjects were approached personally and instructed to give their responses on a questionnaire booklet. Assurance of confidentiality was given to the respondents to boost their motivation and reduce bias. After motivating the respondents the questionnaire booklet was provided to each respondent and necessary help was provided by the researchers to assist participants with limited reading and writing ability.

Statistical Analysis:

The analysis of data was carried out by using appropriate statistical tools. Quartiles (Q_1 & Q_3) were used to assess the level of depression and suicidal ideation of older adults. In order to find the mean differences between various groups t-test was used. Pearson's product Moment Correlation was used to determine the relationship between depression and suicidal ideation of the elderly Kashmiris.

RESULTS:

Table1: Frequency distribution of depression and suicidal ideation level among older adults.

Depression		
Level	**Frequency**	**Percentage**
Mild	42	22.83%
Moderate	43	23.37%
High	99	53.80%
Suicidal Ideation		
Mild	65	35.33%
Moderate	112	60.87%
High	7	3.80%

The perusal of data fromTable-1 reveals that 22.83% of older adults have mild level of depression, 23.37% have moderate level of depression and 53.80% have high level of depression. It also reveals that 35.33% of older adults have mild level of suicidal ideation, 60.87% have moderate level of suicidal ideation and 3.80% have high level of suicidal ideation.

Table 2: Comparison of mean scores of Depression and Suicidal Ideation with respect to various socio demographic variables.

Variable	Group	N	Mean	Std Deviation	df	t-value
Depression	Male	102	28.3529	11.32827	182	-0.063 NS
	Female	82	28.4634	12.26175		
	Educated	111	27.0721	11.63124	182	-1.912 NS
	Uneducated	73	30.4247	11.64512		
	Rural	88	29.9062	11.80729	182	1.830 NS
	Urban	96	26.7614	11.46809		
	Married	104	27.1538	12.04181	182	-1.655 NS
	Unmarried	80	30.0250	11.15594		
Suicidal Ideation	Male	102	13.4314	8.64997	182	-.540 NS
	Female	82	13.4314	8.64997		
	Educated	111	11.8108	8.12797	182	-3.952**
	Uneducated	73	16.6575	8.15513		
	Rural	88	17.8125	7.57185	182	7.895**
	Urban	96	9.2841	7.03350		
	Married	104	13.0385	8.56831	182	-1.274 NS
	Unmarried	80	14.6375	8.27723		

NS=Not significant * p≤0.05 Level of Significance ** p≤0.01 Level of significance

Table-2 shows an overview of t-values of depression and suicidal ideation with respect to various socio-demographic variables. The perusal of the data from the table reveal that there is no significant difference in the depression level of male and female elderly as their obtained t-value of depression is insignificant even at 0.05 level. Thus the null hypothesis Ho1 (There is no significant difference in the depression level of male and female older adults of Kashmir) stands accepted. Also results show that male and female elderly do not differ significantly in suicidal ideation as the obtained t-values are insignificant even at 0.05 level. Thus, null hypothesis Ho1 (There is no significant difference in the suicidal ideation of male and female older adults of Kashmir) stands accepted.

Table-2 further shows an overview of t-values of religiosity, its facets and depression, with respect to educational status of these elderly. It was revealed that there is no significant difference in the depression level of educated and uneducated older adults as the obtained t-value of depression (-1.912) is insignificant even at 0.05 level. Thus the null hypothesis Ho3 (There is no significant difference in the depression level of educated and uneducated older adults of Kashmir) stands accepted. The results of table-2 also reveal that educated and uneducated older adults significantly differ in suicidal ideation as the obtained t-value of suicidal ideation (-3.952) is significant even at 0.01 level. Thus the null hypothesis Ho4 (There is no significant difference in the suicidal ideation of educated and uneducated older adults of Kashmir) stands rejected.

Table-2 also shows that that there is no significant difference in the depression level of rural and urban elderly as their obtained t-value of depression is insignificant even at 0.05 level. Thus the null hypothesis Ho5 (There is no significant difference in the depression level of rural and urban older adults of Kashmir) stands accepted. The perusal of data from table-2 further reveal that t-value (t=7.895) of suicidal ideation scores between rural and urban older adults differ significantly ($p \leq 0.01$). Thus, null hypothesis Ho6 (There is no significant difference in the suicidal ideation of rural and urban older adults of Kashmir) stands rejected.

Table-2 further shows an overview of t-values of depression and suicidal ideation with respect to marital status of older adults. It was revealed that there is no significant difference in the depression level of married and unmarried (widowed, divorced/separated) elderly as their obtained t-value of depression is insignificant even at 0.05 level. Thus the null hypothesis Ho7 (There is no significant difference in the depression level of married and unmarried older adults) stands accepted. The results of table-2 further reveal that married and unmarried (widowed, divorced/separated) elderly do not differ significantly in suicidal ideation. Thus, null hypothesis Ho8 (There is no significant difference in the religiosity of married and unmarried older adults) stands accepted. t-value is insignificant even at 0.05 level.

Table3: Correlation between Depression and Suicidal Ideation.

Depression	
Suicidal Ideation	$r=0.612^{**}$

**correlation significant at 0.01 level

The perusal of data from Table-3 reveals that there is significant positive correlation between Depression and Suicidal Ideation. Thus the null hypothesis Ho9 (There is no significant correlation between depression and suicidal ideation) stands rejected.

DISCUSSION:

The present study was undertaken to examine the depression and suicidal ideation levels among older adults of Kashmir. After analyzing and interpreting the data it was found that majority of these older adults (53.80%) have high level of depression. These research findings concur with the earlier findings of Gottfries & Karlsson (2005) older age is established as a major predictor for depression with 45.2% of women and 26.9% of men afflicted by age 70. These findings are further substantiated by findings of Djernes JK (2006) the prevalence rates for depression in community samples of elderly in India vary from 6% to 50%. As on suicidal ideation, large proportion (64.67%) of these older adults was found to have moderate to high levels of suicidal ideation. These findings are in consonance with the earlier findings by Cattell (2000) suicide rates rise with age. The findings of the present study also reveal that there is no significant difference in the depression levels of male and female older adults. The findings differ from the findings of ArunR, et al and Barua A, et al (2010), who found significant difference in the depression level of male and female elderly. No significant difference in the suicidal ideation

levels of male and female older adults was found. These findings are in line with earlier research findings which show that the thoughts of suicide appear to be unrelated to gender (Murray, 1973; Sorenson & Rutter, 1991). Also no significant difference in the depression levels of married and unmarried older adults were found. These findings differ from earlier findings of Xie LQ (2010) who found significant difference in the depression level of married and widowed older adults. No significant difference was found in the suicidal ideation levels of married and unmarried older adults. These findings differ from earlier findings (Zimmerman et al., 1995; Kessler et al., 2005) who reported that suicidal ideation is more prevalent among unmarried. Further, no significant difference was found in the depression level of educated and uneducated older adults. However, the findings of the present study reveal that there is significant difference in the suicidal ideation levels of educated and uneducated older adults. Uneducated elderly were found to be higher on suicidal ideation than uneducated elderly. These findings concur with findings of Kessler et al (2005). It was also revealed in the present study that no significant difference exists in the depression levels of rural and urban older adults. However, rural and urban older adults significantly differ in suicidal ideation. Urban elderly were found to have more suicidal ideation than rural elderly. These findings are in line with those of earlier findings by Khan FA et al (2005). The most important finding from the present study reveal that there is a significant positive correlation (0.612) between depression and suicidal ideation which implies that higher the depression more is the likelihood of person to have suicidal ideation or in other words we can say that depression acts as risk factor for suicidal ideation in old age. These research findings are substantiated by earlier findings which identified depression as most consistent risk factor of suicidal ideation in old age (Conwell et al, 1996; Lawrence et al, 2000; Vijayakumar & Rajkumar, 1999; Beck et al, 1979; Sorenson & Rutter, 1991).

CONCLUSION:

Conclusively, the findings of the present study paint a grim picture of the mental health status of older adults of Kashmir as majority of them were found to have moderate to high level of depression and suicidal ideation suggesting a need for targeted intervention to improve their mental health and prevent suicide. Moreover, the present study indicates that being illiterate and belonging to urban domicile are significant determinants of emotional suffering in these elderly. Last but the most important finding of the present study is that there is significant positive correlation between depression and suicidal ideation which has important implication for clinical practice and future research. As depression places older people at increased risk for suicide the service providers should adopt a more focused perspective on addressing the mental health problems of older and understanding of same shall further influence community mental health programs and policies relevant to them in order to improve psycho-social functioning of these elderly.

LIMITATIONS AND FUTURE DIRECTIONS:

This study was limited in a number of ways. Since the data were gathered cross-sectionally, the results do not reflect patterns of behavior over time. Also, it is based on self-reported measures

with no structured psychiatric diagnosis. The sample for study was not too large. Hence, the replication of the study with a larger sample size and a community based sample may make the results generalizable.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.110/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Family Environment and Its Correlation with Anxiety and Depression: A Study on Heart Patients

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ABSTRACT

This research paper deals with the Family Environment and its Correlation with Anxiety and Depression level among persons with Heart Disease. There had been a number of researches that investigated that ischemic heart disease patients who suffer significant anxiety have close to a 5-fold increased risk of experiencing frequent angina and those with depression have more than a 3-fold increased risk for these episodes. This observed link between psychiatric symptoms and angina underlines the importance of treating anxiety and depression in cardiac patients, according to study co author Dr Mark D Sullivan (University of Washington School of Medicine, Seattle). To gather the needed data, Hamilton Anxiety Scale and Becks Depression Inventory were used. As stated from literatures, for people with heart dysfunction, depression and anxiety can increase the risk of an adverse cardiac event such as a heart attack or blood clots. For people who do not have heart disease, depression and anxiety can also increase the risk of a heart attack and development of coronary artery disease. Researchers have also emphasized on the role of family psychosocial environment and its positive association with the Coronary Heart Disease risk.

Keywords: *Family Environment, Anxiety and Depression*

Anxiety and Depression are common in patients with Heart Dysfunction. Studies have shown that 15 percent of patients with cardiovascular disease and up to 20 percent of patients who have undergone coronary artery bypass graft (CABG) surgery experience major depression (Davidson, J. W. 2005). Others have firmly established anxiety as an independent predictor for subsequent coronary heart disease years down the line (Roest et. al. 2010).

Patients with depression have been shown to have increased platelet reactivity, decreased heart variability and increased pro inflammatory markers (such as C-reactive protein or CRP), which are all risk factors for cardiovascular disease. Unmanaged stress can lead to high blood pressure,

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arterial damage, irregular heart rhythms and a weakened immune system. For people with heart disease, depression can increase the risk of an adverse cardiac event such as a heart attack or blood clots. For people who do not have heart disease, depression can also increase the risk of a heart attack and development of coronary artery disease. In one landmark study, the continued presence of depression after recovery increased the risk of death (mortality) to 17 percent within 6 months after a heart attack (versus 3 percent mortality in heart attack patients who didn't have depression). During recovery from cardiac surgery, depression can intensify pain, worsen fatigue and sluggishness, or cause a person to withdraw into social isolation. Patients who have had CABG and have untreated depression after surgery also have increased morbidity and mortality. Patients with heart failure and depression have an increased risk of being readmitted to the hospital, and also have an increased mortality risk.

Early research findings have indicated there may be genetic factors that increase a patient's risk of depression and risk of recurrent cardiac events after a heart attack (Nakatani et al.). Patients with heart disease and depression also perceive a poorer health status, as manifested by Quality of Life (QoL) studies. Negative lifestyle habits associated with depression – such as smoking, excessive alcohol consumption, lack of exercise, poor diet and lack of social support – interfere with the treatment for heart disease.

A very strong association between generalized anxiety disorder, or GAD, and the occurrence of cardiovascular events such as strokes, heart attacks, heart failure and death. Patients experienced chest pain and other symptoms when they exerted themselves and engaged in certain activities, a condition known as stable coronary heart disease. It was found that people who had this type of heart disease, plus GAD, had a higher rate of cardiovascular events than did patients who did not suffer from GAD. The findings also showed that risk factors for heart disease such as smoking, physical inactivity and skipping meds did not play a role in the greater number of cardiovascular events. In short, these findings suggest, GAD can predict whether people with stable coronary heart disease will have a stroke, heart attack or other serious heart problem.

Little is known about whether the family psychosocial environment affects heart disease. Many studies have found a positive association between the family psychosocial environment and coronary heart disease. The impact of family psychosocial environment on later socioeconomic position and/or psychosocial functioning may lead to higher heart disease risk. (Loucks et. al.).

METHODOLOGY

On the basis of the introduction and the review of literature, the following methodology has been followed for the study

Objective:

1. To study the level of anxiety and its effects among patients with heart disease.
2. To compare the level of anxiety among males and females with heart disease.
3. To study the level of depression and its effects among the persons with heart disease.

4. To compare the level of depression among males and females with heart disease.
5. To study the role of family's psychosocial environment and its associations with heart disease.

Hypothesis:

Based on the above objectives, the following hypotheses were formulated:

1. There will be a significant difference between the level of anxiety among males and females with heart disease
2. There will be a significant difference between the level of depression among the males and females with heart disease.
3. There will be a significant relationship between the role of family environment and heart disease.

Research Design:

Compared group research design was used for the purpose of the research. The group was divided into males and females with heart disease

Sample and Sampling Techniques:

A sample of 30 persons with heart disease was taken by the purposive sampling technique, it was further divided into two groups of 15-15 each; one group consisted of males with heart disease and other group consisted of females with heart disease

Inclusion Criteria:

- The sample chosen must belong to Rajasthan region.
- The sample chosen must be above 45 years of age.

Exclusion Criteria:

- The sample chosen should not be suffering from any other psychiatric disorder.
- The sample chosen should not have myocardial infarction and should not have undergone heart surgery.
- The sample below the age of 45 was excluded.

Variables:

The purpose of the investigation is to study the level of anxiety and depression among the persons with heart disease..

Measures:

Beck's Depression Inventory –

The original version of BDI was introduced by Beck, Ward, Mendelson, Mock & Erbaugh in 1961. The BDI was revised in1971 and made copyright in 1978 (Groth Marnat, 1990). Both the original and revised versions have been found to be highly correlated.

Type of instrument: The BDI is a 21 item self-report rating inventory measuring characteristic attitudes and symptoms of depression.

Description: The BDI takes approximately 10 minutes to complete although clients require a fifth-sixth grade reading age to adequately understand the questions.

Reliability and Validity: Internal consistency for BDI ranges from .73 to .92 with a mean of .86 (Beck & Garbin, 1988).

Concurrent validity: Correlations with clinicians' ratings of depression using revised BDI range reported as high to moderate ranging from .55 to .96

Scoring and Interpretation:

Score	Interpretation
05-09	These ups and downs are considered normal.
10-18	Mild to moderate depression
18-29	Moderate to Severe Depression
30-68	Severe Depression
Below 4	Possible denial of depression, faking good

Hamilton Anxiety Scale –

In 1959 Hamilton presented a rating scale which was designed to assess the severity of the disorder in patients suffering from anxiety. It covers the whole spectrum of anxiety. The total number of items present in this scale are 14 with a total score of 56.

Score	Interpretation
1-14	Mild anxiety
15-28	Moderate Anxiety
29-42	Severe Anxiety
43-56	Very Severe Anxiety

Family Environment Scale –

The Family Environment Scale (FES) was developed and designed by Mr. Sanjay Vohra in 1998. The FES was developed as a means to get information about the family environment in a rapid, objective and standardized manner.

Method of Data Collection:

First a list of subjects with heart disease were made, this was done by contacting a hospital situated in Jaipur, Rajasthan. After that each client was spoken to directly by the investigator and was assured that the information revealed by him/her will not be disclosed. Many clients were reluctant to share their experiences and refused blatantly to reply to the questions. But they were

later convinced to reveal to fill the data required for the purpose of the study and were assured about the confidentiality of the information.

Statistical analysis:

Collected data was tabulated, classified, grouped and processed through the computer tables, and graphs, etc. were prepared with the help of computer. The software to be used is Statistical Package for Social Sciences. The data will be analyzed using mean, correlation and t-test.

Ethical consideration:

Information gathered during the course of the study was kept confidential.
The information was gathered by the consent of subjects.

TABULATION AND INTERPRETATION

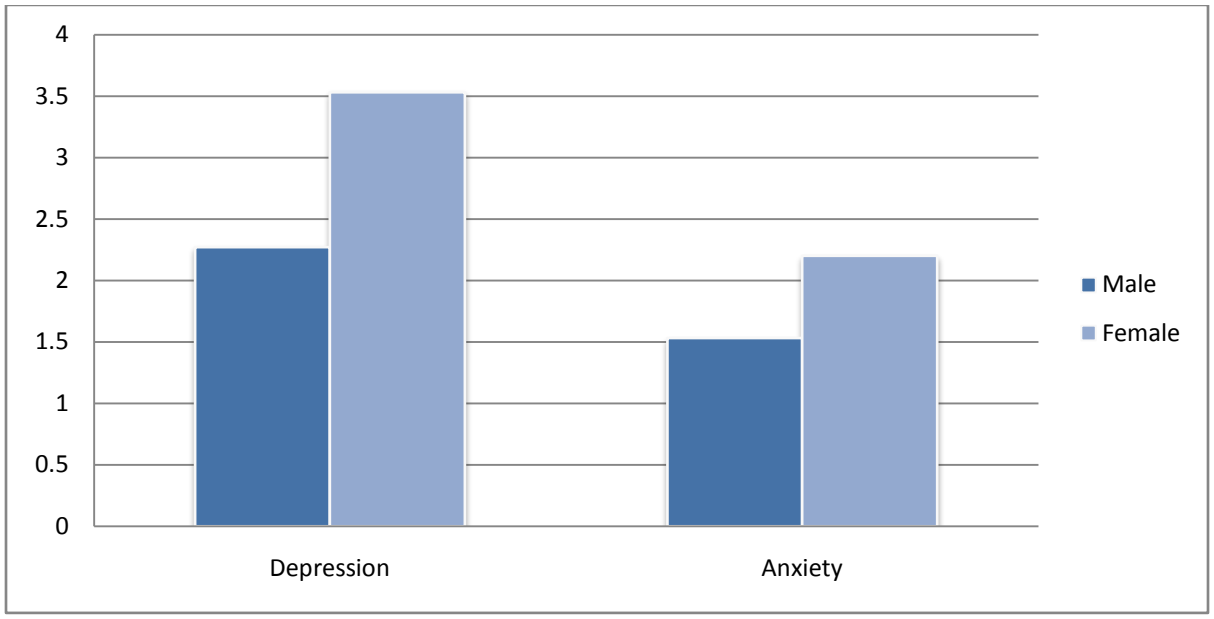
TABLE 1 - Mean, SD and t-test

The table below demonstrates the average amount of anxiety and depression experienced by men and women with heart disease.

Variables	Gender	N	Mean	S.D.	t-test
Depression	Male Female	15 15	M1 = 2.27 M2 = 3.53	0.80 0.63	4.8
Anxiety	Male Female	15 15	M1 = 1.53 M2 = 2.20	0.64 0.41	3.4

(Note: M1 = Mean of males, M2 = Mean of females)

Graph 1 – Mean, The graph below demonstrates the average amount of anxiety and depression experienced by men and women with heart disease.



The above table represents the average amount of anxiety and depression experienced by men and women with heart disease. It can be interpreted from the table that the level of anxiety and the level of depression experienced by the females were more when compared with males(For Depression, M1 = 2.27 and M2 = 3.53 ; for anxiety M1 = 1.53, M2 = 2.20). During the process of case-history taking from the clients the investigator found that the females lived in more inhibited and protective environment. Most of the females involved in the process of data collection belonged to rural area and were admitted in the hospital as they were diagnosed with heart disease. As enquired during case history taking they often made remarks such as "I am not allowed to go out of the house, I spent my time at home and whenever my children go out for work I fear that something bad will happen to them". Most of the females also reported high blood pressure level. On the other hand, when males were enquired about their problem they stressed upon their duties and role they play in their family which leads to the development of high level of stress and may lead to heart related problems. The major problematic areas reported by the female clients on Hamilton Anxiety Scale were highly anxious mood, insomnia, depressed mood most of the time, pain in chest and gastrointestinal problems mostly related to diarrhoea. While males reported severe chest pain, difficulty in concentrating and poor memory and respiratory problems associated to their heart problem. When BDI was administered both males and females felt uneasy to discuss about their interest in sex. While the major problematic areas reported were sadness, indecisiveness, guilt, insomnia, loss of appetite and loss of weight by both male and female clients. During the study it was also observed by the investigator that the male clients were confident and self-motivated while the female clients were less interested in answering the questions and seemed inhibited to discuss about their problems. Studies have shown that mental stress has a negative effect on a person's heart health. In particular

unmanaged stress can lead to high blood pressure, arterial damage, irregular heart rhythms and a weakened immune system. For people with heart disease, depression and anxiety can increase the risk of an adverse cardiac event such as a heart attack or blood clots. For people who do not have heart disease, depression and anxiety can also increase the risk of a heart attack and development of coronary artery disease. The above graph also makes the data easier to comprehend.

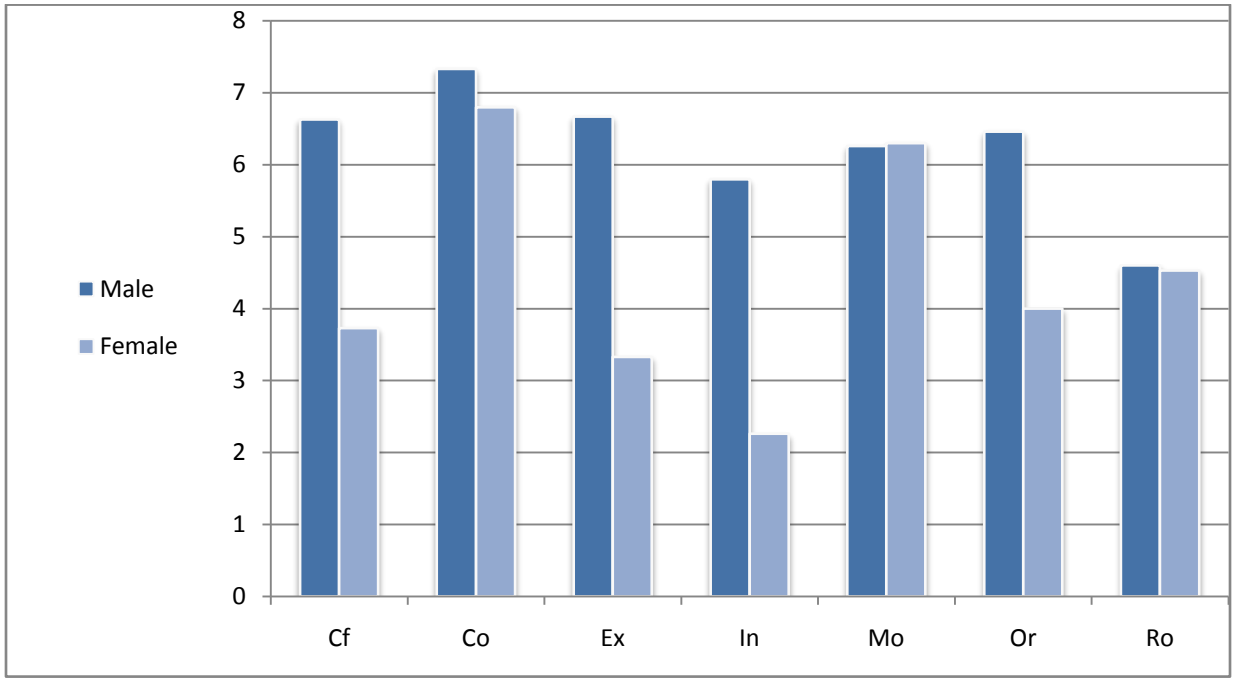
Table 2: Mean, SD and t-test

The following table demonstrates the average amount of various dimensions of family environment among men and women with heart disease.

Dimensions	Gender	N	Mean	S.D.	t-test
Competitive Framework (Cf)	Male Female	15 15	M1 = 6.33 M2 = 3.73	6.33 3.73	3.96
Cohesion (Co)	Male Female	15 15	M1 = 7.33 M2 = 6.80	1.23 1.14	1.23
Expression (Ex)	Male Female	15 15	M1 = 6.67 M2 = 3.33	1.87 2.22	4.43
Independence (In)	Male Female	15 15	M1 = 5.80 M2 = 2.26	2.45 1.38	4.853
Moral Orientation (Mo)	Male Female	15 15	M1 = 6.26 M2 = 6.30	1.53 1.79	0.000
Organization (Or)	Male Female	15 15	M1 = 6.46 M2 = 4.00	2.03 2.36	3.068
Recreational Orientation (Ro)	Male Female	15 15	M1 = 4.60 M2 = 4.53	1.53 1.12	0.132

(Note : M1 = Mean of males; M2 = Mean of females)

Graph 2 – Mean



The above table represents the average or mean of the various dimensions of the family environment among males and females with heart disease. During the case- history taking it was observed by the investigator that the females belonged to rural areas and were admitted in a city hospital for their treatment. Most of the females reported that their family environment was quite conservative. They were not allowed outings, they were just allowed to talk to neighbours, and so most of their time was spent at home doing household chores. They seemed to be more concerned about their children's well-being. While males reported that they lived in free and independent environment, though they were not allowed to misuse their freedom. They enjoyed many forms of leisure activities like smoking and drinking occasionally with friends. On the dimension of competitive framework the males were more dominant on than females (M1 = 6.33, M2 = 3.73; M1>M2). Thus it can be interpreted that the male clients are high on competitive and achievement orientation. Their family members give importance to the success one achieves at work and other areas of life. While a comparatively low average score for female clients suggests that their family members are low on competitiveness and their need for achievement is also low. On the dimension of Expressiveness the male clients seems to dominate the female clients (M1 = 6.67, M2 = 3.33; M1>M2), this shows that they are encouraged to act openly and express their feelings. They are free to express the feelings of disapproval and disagreement as and when required. While a comparatively low average score for female clients indicate that they display difficulty in expressing their feelings and thoughts to one another. They are always cautious about what they say to each other in the family and important family matters are not discussed openly. Male clients are also dominant on the dimension of Independence when compared to female clients (M1 = 5.80, M2 = 2.26; M1>M2) thus it can be said that the family members of male clients are encouraged to be independent. They are assertive and self

sufficient and make their own decisions. Low average score for female clients indicate that their family members are not encouraged to speak up for themselves and there exists little privacy at home. Most of decisions are made by one member in the family. On other dimensions such as Cohesiveness, Moral orientation and Recreational orientation both male and female clients exhibit almost same average scores. Thus on these dimensions it can be interpreted that they display support, help, calm and commitment towards their family members. They place equal emphasis on ethical, moral, and religious issues and values held by their family members. Also, they actively participate in social, recreational, cultural and social activities. On the dimension of Organization both male and female clients display a high average score but the average score of male clients is higher than female clients thus both of their family members place greater importance in the areas of clear organization, structural planning and responsibilities. The above graph also makes the data easier to comprehend.

LIMITATIONS AND FURTHER SUGGESTIONS

The limitations of the study are as follows:

1. The sample size is too small. This limits the efficiency of the findings to be generalized. A large sample should be taken to generate the results.
2. There was no control group in the study due to time constraints. Inclusion of control group should have provided a comparative analysis of anxiety and depression. Further researches should incorporate control group.

The merits of the study are mentioned below:

1. The study reveals the gender differences among persons with heart disease along with the level of anxiety and depression faced by the persons.

The study has achieved most of its goals; however future studies in this area should explore more aspects pertaining to heart disease and its effects.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.111/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Thalassemia Control by Awareness: A Study among the Educated Bengalee Populations of South 24 Parganas District, West Bengal, India

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ABSTRACT

This study is an evaluation of KAP (knowledge, attitude and practice) among the educated Bengalee population of rural West Bengal, India. It reveals a positive perception of the people towards this disorder. Genetic counseling and participation in awareness programme is very poor among these respondents. There is considerable difference between two genders in terms of knowledge like- 'about the child to whom blood is given frequently' and 'thalassemia is a blood related disorder'. More number of males agreed to live with a person suffering from thalassemia than their counterparts. Proper education and awareness programme with local community participation will be very effective as people witness the seriousness of this disease in their day to day life.

Keywords: *Knowledge, Attitude And Practice, Thalassemia, Educated Bengalee, India*

Thalassemia derived from Greek roots thalassa for 'the sea' and haima for 'blood'. The thalassemias are a diverse group of genetic blood diseases characterized by absent or decreased production of normal hemoglobin, resulting in a microcytic anemia of varying degree. The thalassaemia have a distribution concomitant with areas where Plasmodium falciparum malaria is common. The alpha thalassemias are concentrated in Southeast Asia, Malaysia, and southern China. The beta thalassemias are seen primarily in the areas surrounding Mediterranean Sea, Africa and Southeast Asia. Due to global migration patterns, there has been an increase in the incidence of thalassemia in North America in the last ten years, primarily due to immigration from Southeast Asia.

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Thalassemia is prevalent in humid climates where malaria is endemic. This disorder is associated with Africans-Americans, people of Mediterranean origin and Asians. There are almost 300 million carriers of hemoglobin disorders in the world, with the minority living in South Eat Asia. Worldwide, the Asian, Indian and Middle Eastern regions account for 95% of thalassaemia births. The frequency of alfa –thalassemia reaches 25% in Thailand, and Hb E approaches 60% in many regions of Thailand, Laos and Cambodia.

Beta-thalassemia trait in general population in India is about 3%. A number of communities in India, such as Sindhi, Lohana, Khoja, Bhanushali, Punjabi, Jain, Muslim and Bengalee among whom the incidence of beta thalassaemia trait ranges from 8% to 15%. The high incidence can be attributed to consanguinity and endogamy practiced among these communities. It is evident that if awareness about the disease is not created in these communities, the number of beta thalassaemia major children born will be much higher than the present estimate of about 8000 to 10,000 per year (Yagnik, 1997). In India, there are 33% of thalassemic children, who are from West Bengal. Karimi et al. (2007) reported bone mineral density in beta-thalassemia major and intermedia among the Iranian patients affected by thalassemia. Problems and strategy for prevention and control of thalassemia is described by Fucharoen and Winichagoon (1992). There are studies on thalassemia among the Sardinian (Cao et al., 1991), Vietnamese (Slomp et al., 206), British (Higgs et al., 1985) and South Taiwanese (Lin et al., 1992) to mention a few. While Durga Devi et al. (2012) described the method of screening analysis techniques and treatment strategies for hemoglobin E beta-thalassemia, Fodde et al. (1988) reported the prevalence and molecular heterogeneity of alfa+ thalassemia in two tribal populations from Andhra Pradesh.

Intensity of this disease is more prevalent in the district of South 24 Parganas and Midnapore in comparison to other districts of West Bengal (Basu, Chakravorty and Chakravorty, 2002). This disease again, is more prevalent in the river line belt of the districts of South 24 Parganas and Midnapore of West Bengal. Thalassemia control is possible by screening of general population for carrier status and antenatal diagnosis in couples identified to be at risk (possibility) of having a child with thalassaemia. Psycho-genetic counseling is communication process of providing information and support to families, couples, or individuals that are in some way impacted by an inherited disease such as thalassemia. As there is no proper medicine of this disease and prevention is the only solution to control this, until and unless of awareness of common mass it is not at all possible to prevent this. In this backdrop an attempt has been made in this study to examine the knowledge, attitude and practice of the educated Bengalee towards thalassemia in South 24 Parganas district of West Bengal, India.

MATERIAL AND METHODS

***Sample*:** The study was conducted in Falta Block, Diamond Harbour Block- I and Diamond Harbour Block- II of South 24 Parganas district of West Bengal. This area is considered as high-risk area for thalassemia. Study population, the Bengalee, was drawn from educated background.

Sample size: 261(Two hundred sixty-one), including male and female. Out of 261 subjects, males were 109 and females were 152 in number. Among 152 females one female was excluded being not heard the term thalassemia.

Sampling: Purposive sampling

A structured thalassemia awareness schedule comprising knowledge, attitude and practice, and a general demography schedule was filled in for each of the respondent. Approval for the study was obtained from the Institutional Ethics Committee of the Anthropological Survey of India.

RESULTS AND DISCUSSION

Prevalence of diseases:

Information on prevalent diseases in the area is furnished in Table 1. Both the males and females expressed the occurrence of a good number of communicable and non-communicable diseases in their area. The same is true for childhood diseases. But the educated males differ considerably form their counterparts in terms of 'knowledge about the child to whom blood is given frequently'. While, only 22.94% of the males have the knowledge, 90.73% of the females know this. Both the genders have the knowledge of different genetic diseases. They are also well aware that these diseases are transmitted from the parents or any other sources.

Table 1: Information about prevalent diseases in the locality

Sl. No.	Statements	Response (qualitative, No. and percentage: n=260)	
		Male (n= 109)	Female (n= 151)
1	What kind of diseases the people of your locality are suffering from?	Allergy, pneumonia, pox, rickets, eczema, polio, fever, RTI, anemia, malaria, malnutrition, diarrhea, TB, diabetes, jaundice, dysentery, measles, asthma, cholera, bronchitis, blood sugar, hypertension, thyroid, caner, influenza, sexual disease, scabies, worm, arthritis and etc.	Allergy, pneumonia, pox, rickets, gout, eczema, polio, fever, RTI, anemia, malaria, diarrhea, TB, gastro problem, diabetes, jaundice, dysentery, measles, asthma, cholera, bronchitis, blood sugar, hypertension, caner, influenza, sexual disease, scabies, worm, arthritis and etc.

2	What kind of diseases the children are suffering in your locality?	Cough and cold, fever, anemia, malaria, malnutrition, diarrhea, gastro problem, diabetes, jaundice, dysentery, measles, asthma, cholera, bronchitis, influenza, scabies, worm, arthritis and etc.	Cough and cold, fever, anemia, malaria, malnutrition, diarrhea, gastro problem, diabetes, jaundice, dysentery, measles, asthma, cholera, bronchitis, influenza, scabies, worm, arthritis and etc.
3	Have you seen/heard/known the thalassemic child to whom blood is given frequently?	Yes-25 (22.94)	Yes-137 (90.73)
4	If yes, how many cases have you seen?	0-29(26.61),1-22(20.18),2-29(26.61),3-7(6.42),4-6(5.50),5-5(4.59),6-1(0.92),10-2(1.84), many-8(7.34) Seen-109(100.00) Not seen-0(0.00)	0-4(2.65),1-41(27.15),2-35(23.18),3-23(15.23),4-9(5.96),5-3(1.99), 6-2(1.32),10-2(1.32),50-1(0.66),100-1(0.66), many-15(9.93), some-2(1.32) Seen-138(91.39) Not seen-13(8.61)
5	Do you think that these diseases are transmitted from the parents or any other sources?	Parents-71(63.30), parents & other sources – 3(2.75), don't know – 24(22.02) , other sources – 9(8.26), not always-2(1.84)	Parents-124(82.12), parents & other sources – 1(0.66), don't know – 22(14.57), other sources – 2(1.32), same blood group-1(0.66), env. Water-1(0.66)
6	What are the genetic diseases?	Thalassemia, blood sugar, blood pressure, diabetes, asthma, hypertension, hemophilia and others.	Thalassemia, blood sugar, blood pressure, diabetes, asthma, hypertension, hemophilia and others.

Knowledge:

It is interesting to note that almost all of the educated Bengalee have heard the term 'thalassemia'. This is true for both the genders. They also know the symptoms of this disorder. But regarding mode of inheritance and relation of this disorder with blood, the females outnumber the males. While, 74.17% of the females know this as inherited disorder, 67.89% of the males know this. Side by side, 84.11% females consider this disorder as a disorder of blood

and 70.64% males consider this. Very few among them have the idea of different types of thalassemia and most of them do not know anything about thalassemia carrier. More than 91% of the males and 98% of the females believe carrier screening is necessary before marriage (Table 2).

Table 2: Knowledge about thalassemia

Sl.No.	Statements	Response (qualitative, No. and percentage: n=260)	
		Male (n= 109)	Female (n= 151)
1	Have you heard the term thalassemia?	Yes-108 (99.08)	Yes-151 (100.00)
2	If yes, what are the symptoms?	Anemia, pallor, fatigue, weakness, tiredness, shortness of breath, jaundice, enlarge spleen, enlarge liver, enlarge heart, dark urine, weight loss, decreased appetite, rapid heartbeat, headache, light headedness, fever, belly pain, chest pain, paleness and etc.	Anemia, pallor, fatigue, weakness, tiredness, shortness of breath, jaundice, enlarge spleen, enlarge liver, enlarge heart, dark urine, weight loss, decreased appetite, rapid heartbeat, headache, light headedness, fever, belly pain, chest pain, paleness and etc.
3	From where you know about it? (source)	School, college, books, magazine, seminars, awareness camp, hospitals, neighbors, doctor, TV, radio, news paper and etc.	School, college, books, magazine,, seminars, awareness camp, hospitals, neighbors, doctor, TV, radio, news paper and etc.
4	Is it an inherited disease?	Yes 74 (67.89)	Yes112 (74.17)
5	Is it a disorder of blood?	Yes77 (70.64)	Yes127 (84.11)
6	How many types of Thalassaemia are there?	1-Nil,2-10(9.17),3-2(1.84),4-1 (0.92),don't know- 92(84.40),many-1(0.92)	1-1(0.66),2-63(41.72),3-5(3.31),4-2(1.32),don't know-80(52.98)
7	If yes, do you know the names?	Alfa, beta -3, don't know –97(89.00), major and minor-6(5.50), major, minor and intermedia-3(2.76)	Alfa, beta –22(14.57), alfa, beta and alfa beta –2(1.32) , carrier and healthy carrier-1(0.66), don't know – 86(56.95), forget- 1(0.66), major and minor- 34(22.52), major, minor and intermedia –2(1.32), thalssaemia A and B-2(1.32), thalassaemia A and E –1(0.66)
8	Do you know anything about thalassemia carrier?	Don't know-81(74.31), know something-28	Don't know-79 (52.32), know something-72

		(25.69)	(47.68)
9	Can a normal person be a thalassemia carrier?	Yes: 65 (59.63)	Yes: 106 (70.20)
10	Is there any treatment required for thalassemia carrier?	Yes: 62 (56.88)	Yes: 70 (46.36)
11	Are there any physical abnormalities shown by a thalassemia carrier?	Yes: 37 (33.94)	Yes: 42 (27.81)
12	Is there any thalassemia carrier necessarily suffering from mental/physical illness?	Yes: 49 (44.95)	Yes: 59 (39.07)
13	Have you seen any mental/physical abnormalities or disabilities among the parents of thalassemia patients?	Yes: 24 (22.02)	Yes: 25 (16.56)
14	Do you know that thalassemia is usually treatable but not curable?	Yes: 61 (55.96)	Yes: 90 (59.60)
15	Is carrier screening necessary before marriage?	Yes: 100 (91.74)	Yes: 148 (98.01)
16	If yes. Whether it is mandatory/optional?	Mandatory: 85 (77.98)	Mandatory: 131 (86.75)
17	Whether a normal person can marry a thalassemia carrier?	Yes: 55 (50.46)	Yes: 93 (61.59)

Attitude (social belief):

A positive attitude is revealed in perception of thalassemia in both the genders (Table 3), as majority of the respondents said birth of a thalassemic child was not due to sins committed by the parents. More than 42% of the males and 45% of the females expressed that life becomes miserable for entire family if any one suffering from thalassemia in his/her family. Near about half of them described that they consider those family as unlucky where thalassemia occurs. Genetic counseling and awareness programme among these subjects is found to be very poor, which ranges between 0.66% and 5.3 % (Table 3).

Table 3: Attitude (social belief)

Sl. No.	**Statements**	**Male Agree (n= 109)**	**Female Agree (n= 151)**
1	A thalassemic child is born due to sin committed by parents	17 (15.60)	5 (3.31)
1	The life becomes miserable for entire family, where any one is suffering from thalassemia.	46 (42.20)	68 (45.03)
2	The family where someone is suffering from thalassemia is unlucky.	56 (51.38)	70 (46.36)
3	It is better to die than live with a deadly disease like; thalassemia.	22 (20.18)	42 (27.81)
4	I try to avoid a thalassemic patient.	15 (13.76)	10 (6.62)
5	Prenatal diagnosis is necessary for the carrier couples.	3 (2.75)	8 (5.30)
6	Genetic counseling is required for pre-marriage, pre-pregnancy and prenatal diagnosis.	3 (2.75)	4 (2.65)
7	Awareness programme is essential in every spheres of life.	3 (2.75)	1 (0.66)

Attitude (social distance):

Respondents' statements according to social distance are furnished in table 4. Males differ with the females in different statements. Frequency of males (27.52%) who agreed to live with a thalassemia person is higher than that of the females (15.89%). The same is true for making friendship with a person suffering from thalassemia (male: 13.76%; females 27.28%). But a reverse trend is perceptible in case of feeling discomfort with a neighbour who is suffering from thalassemia (male: 17.43%; female: 19.87%) establishing marriage relation in a family where someone is suffering from thalassemia (male: 53.21%; female: 64.90%) and accepting a life partner having thalassemia trait/carrier (male: 66.97%; female: 73.51). Thus, majority of the respondents were not willing to establish marriage relations with the family, having a sufferer and to marry a carrier.

Table 4: Attitude (social distance)

Sl. No.	Statements	Male (n= 109) difficult	Female (n= 151) difficult
1	Living with a person who is suffering from thalassemia.	30 (27.52)	24 (15.89)
2	Making friendship with a person who is suffering from thalassemia.	15 (13.76)	11(7.28)
3	Feeling discomfort with a neighbour, who is suffering from thalassemia.	19 (17.43)	30 (19.87)
4	Establishing marriage relation in a family where someone is suffering from thalassemia.	58 (53.21)	98 (64.90)
5	Accepting a life partner having thalassemia trait/carrier.	73 (66.97)	111(73.51)

Attitude (application):

A good percent of the respondents (male: 68.81%; female: 75.50%) were found to discuss with their family members about thalassemia. Females outnumber the males ((males: 21(19.27%); females 42 (27.81%)) in terms of testing of blood samples for thalassemia. The same is true in case of test of blood samples of family members for thalassemia. In case of attending awareness programme for thalassemia, 37.61% of the males and 34.44% of the females expressed positive response (Table 5).

Table 5: Attitude (application)

Sl. No.	Statements	Response (qualitative, No. and percentage: n=260)	
		Male (n= 109)	Female (n= 151)
1	Did you ever discuss with your family members about thalassemia?	75 (68.81)	114 (75.50)
2	Have you tested your blood for thalassemia?	21(19.27)	42 (27.81)
3	Have you tested blood of your family members for Thalassaemia?	14 (12.84)	34 (22.52)
4	Have you attended any awareness programme related to thalassemia?	41(37.61)	52 (34.44)

RECOMMENDATION:

According to majority of the respondents' family level counseling is effective to combat thalassemia and awareness programme is more effective to control this disease. Majority of them also think that individual carrier screening is effective to control thalassemia (Table 6).

Table 6: Recommendation regarding awareness about thalassemia

Sl. No.	Statements	Response (qualitative, No. and percentage: n=260)	
		Male (n= 109)	Female (n= 151)
1	Do you think that family level counseling is effective to combat this disease?	Yes: 105(96.33)	Yes: 147(97.35)
2	Is awareness programme is more effective to control this disease?	Yes: 100(91.74)	Yes: 148(98.01)
3	Do you think individual carrier screening is effective to control thalassemia?	Yes: 88(80.73)	Yes: 142(94.04)

CONCLUSION

Present study is a quantitative description of knowledge, attitude and practice on thalassemia among the educated Bengalee in a high-risk area in West Bengal, India. The study subjects have a good knowledge about the deadly disease like thalassemia and treatment required for this. This is true for both the genders. But most of the respondents do not know about different types of thalassemia. Carrier screening is very much important in this area. Study reveals considerable difference between two genders in some particular issues. It is interesting to note that only

19.27% of the males and 27.81% of the females have tested their blood for thalassemia. Organizing awareness campaign is very much essential in this locality. The attitude towards thalassemia, social distance towards thalassemia, application and recommendation is very much positive and constructive to prevent/control the deadly disease like thalassemia. However, proper education and awareness programme with local community participation will be very effective as people witness the seriousness of this disease in their day to day life.

This study strongly supports extensive awareness about the disease among common mass, carrier screening of the general population before marriage, psycho-genetic counseling, prenatal diagnosis of the carrier couples, avoid marriages between carriers and avoid consanguineous marriages. The unmarried carriers are advised to have premarital blood testing of their proposed spouse, workshops at colleges, schools, nursing centers and other places, distribution of thalassemia books/leaflets to the publics and special attention to high risk families. Government health departments should implement carrier screening at the time of child immunization and counseling accordingly. If marriage occurs between two carriers and the couple do not want to undergo a prenatal diagnostic test it is better to adopt a child/ artificial insemination. By arranging seminar, lecture, exhibition, *pathnatika* (street drama), pupate show, video show etc. the nature of deadly disease like thalassemia can be conveyed nicely to the general people. Distribution of video CD on thalassemia to various health centers, *anganwadi* centers (child care centers), schools, colleges, and NGOs will be beneficial. Blood donation camps should be organized in different areas for the thalassemia patient. Awareness slogans may be displayed in the rural areas.

ACKNOWLEDGEMENTS:

This work is based on the project entitled, “Human Genetics Extension Programme – Beta Thalassaemia Study”, which was approved by the Anthropological Survey of India, Kolkata. The authors are grateful to the said organization. Authors are grateful to all the elite groups in Falta Block, Diamond Harbour Block- I and Diamond Harbour Block- II of South 24 Parganas district of West Bengal who participated in this study.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.112/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Association of Conflict Resolution Style and Relationship Satisfaction between Couples

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ABSTRACT

Background*:* Relationship researchers have focused on the frequency of conflict in couples' relationships and the manner in which couples engage in and try to resolve conflicts. Conflict occurs regularly in most close relationships and dealing with conflict, under some conditions, may facilitate the development and maintenance of intimacy and satisfaction in a relationship. Regardless of this understanding, very little is known about individual's characteristics of conflict resolution behavior that bring into couples relationship satisfaction. ***Objective:***. The purpose of this study is to examine individual's characteristics in conflict resolution behavior and its effect on couple relationship satisfaction. ***Methodology:*** A total of 306 (159 female and 147 male) participants were included from community sample. Three Kebeles in Yeka sub-city of Addis Ababa were selected randomly. Data were collected on relationship satisfaction and conflict resolution behavior of couples. The constructs were measured by Relationship Assessment Scale (RAS, Hendrick, 1988 and Rahim Organizational Conflict Inventory-II (ROCI-II, Rahim, 1983). Pearson correlation and standard multiple regressions were run to check association and prediction among variables under study respectively. ***Result:*** The result confirmed that statistically significant correlation was found between/among most variables/constructs in the study. The standard regression revealed that conflict resolution behavior predicted relationship satisfaction. Particularly integrating, dominating and avoiding conflict type of conflict resolution styles predicted relationship satisfaction individually. ***Conclusion:*** It is therefore, possible to conclude that all the conflict resolution style sub scales predicted relationship satisfaction significantly.

Keywords: *Conflict Resolution Style, Relationship Satisfaction, Couples*

Close relationships are essential to health and well-being. The capacity to form intimate relationship with others is considered as an essential developmental task and a principal feature of effective personality development (Bowlby, 1988; Cassidy, 2001; Loubser, 2007). Consequently, people strive to have successful intimate (couple) relationships, yet for centuries,

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the exact manner in which to accomplish this has remained an enigma. In fact a great deal is known about the inner working of the couple relationship today than the previous times. Couple relationship is the emotional (eg. cohabitation) or emotional and legal (marriage) commitment between two opposite sex individuals to share emotional and physical intimacy, a variety of tasks and economic resources.

Marriage has long been an important social institution by forming family which occupies a central place in the lives of men, women, and children around the world. The fact that family is "*a source of support, and sometimes an obstacle, to individual and collective achievements; a unit of economic production and consumption; an emotional haven that can sometimes be a source of emotional strain; and a vehicle for extending care giving and culture across the generations, for better and for worse (Laura, Lippman and Wilcox, 2013).*

Nevertheless, research finding indicated that being involved in a relationship in terms of marriage, even in cohabitation improves the well-being of both men and women in the family (McKeown, 2001). Some of the most informing evidences on the importance of marriage emerged from studies of the factors, which contribute to individual well-being. For instance in the United States of America, the general social survey has measured well-being over a period of 25 years (1972-1998) using the following question: "Taken all together, how would you say things are these days? Are you very happy, pretty happy, or not too happy" (Fowers, 1998)? In Britain, a broadly similar question was used in Eurobarometer surveys to measure well-being over the same period which states "on the whole, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied, with the life you lead" (Theodossiou, 1998). In both countries, controlling for a number of socio-economic variables, being married (rather than single, separated, widowed or even remarried) had a more powerful impact on well-being than either income or employment. Similar results have been found in other countries, expressing marriage positively being happier than others (Sweeney, 1998).

Moreover, there is a striking consistency in the results of the different studies. A 17-nation study of the factors associated with feeling happy found that the three predictors of happiness, in their order of importance, were feeling healthy, feeling financially secure and being married (Stack and Eshleman, 1998). In the case of marriage, this study reported that married persons have a significantly higher level of happiness than persons who were not married, even when all key socio-economic variables are controlled.

Marriage is the privileged institute in Africa too. In fact Africa is one continent with several worlds. Marriage in Africa has been commonly described as early and universal and this situation has partially been blamed for the persistence of high fertility in the region. In Africa, marriage patterns vary across and within countries among different ethnic groups. Such variations could be due to both cultural and socio-economic factors. Although it varies, the major aspect of marriage is to maintain and continue personal and social well being. A study

(Tiliouine, 2009) conducted in Algeria on health and subjective well being revealed that there is an association between marriage and personal well being.

Marriage in Ethiopia is one of the respected social phenomena as a rite of passage and forming well being that many people are going to engage. For instance, the result of the 2007 census (SCA, 2007) showed that 50 percent of the population was married from age of ten and only three percent divorced. However, it is important to remember that the simple presence of a spouse is not necessarily protective. A troubled marriage is itself a prime source of stress and dissatisfaction while simultaneously limiting the partner's ability to seek support in other relationships. One of the prime causes that make a relationship in trouble is conflict resolution approach.

Researchers argue that conflict only results in relationship dissatisfaction and breakdown if couples are ill equipped to solve or dissolve it (Markman, Stanley and Blumberg, 1994; Gottman, 1997; Hanzal and Segrin, 2011). Markman et al., (2011) have developed and researched this idea and summarized, contrary to popular belief, it is not how much you love each other that can best predict the future of your relationship, but how conflicts and disagreements are handled. Unfortunately, conflict is inevitable and cannot be avoided. So if someone wants to have a satisfying marriage, he/she would better learn to fight right (Markman et al., 1994). The idea was further strengthened by John Gottman in his popular saying, *"Through my long years of research, I come up with a conclusion that marriage resulted in divorce due to couple's failure to resolve conflict that is inevitable in a relationship"* (Gottman, 1997, pp.103).

However, research works done on the role of conflict resolution styles on relationship satisfaction have been disregarded. Although unanimously disliked, conflict resolution styles functions as an opportunity to resolve differences between relational partners which lead to relationship satisfaction (Shi, 2003; Plessis, 2006; Feeny, 2008). That is the basic reasons for the present researcher to focus on the effect of conflict resolution styles on relationship satisfaction.

RESEARCH METHODS AND MATERIAL

Study Area

The study area is Addis Ababa and was selected purposively. Addis Ababa represents a heterogeneous population in many social characteristics. The study included is heterosexual couples. Addis Ababa is the capital city of Ethiopia established in 1886. It is geographically located at the heart of the country. It accommodates about 35% of the total urban population in Ethiopia. Addis Ababa City has a total population of 2,738,248 with a growth rate of 2.1 percent per annum (additional 57,503 people per year), where around 52% of the populations composed of children and adolescents below age 25. From the total population, 48 percent are males and 52 percent are females (CSA, 2007). There is a seven year gap and recently the total population of

Ethiopia assumed to reach to 90 million and the population of Addis Ababa also has increased. However, official documents are not yet revealed.

Addis Ababa City is divided into 10 Sub-cities; again the Sub-cities are divided in to 99 Kebeles. There is a disparity in Sub-city population distribution which shows uneven distribution. The whole population is urban dweller. The majority of the city population lives in Kolfe Keranyo (15.6%) and Yeka (12.6%), while Arada (7.7%) and Akaki Kality Sub City (6.7%) have the smallest share from the city's total population.

Research Design and Population

A no experimental explanatory design was used to investigate the question of interest. The design is no experimental because there is no manipulation of independent variables, which were investigated in the study. In this design, the levels or categories of the independent variables were already defined or classified so that the researcher has no opportunity to manipulate or randomly assign individuals to certain groups. It is explanatory since the objective of the study is to test hypotheses derived from a given theoretical orientation. Moreover, cross-sectional method was used to collect data at a time to make comparisons across different categories of respondents. The target population of this study was adult heterosexual couples while the study population was adult heterosexual couples in Addis Ababa Administrative City. The study site overview and sampling techniques are presented hereafter.

Sample Size Determination and Sampling Procedure

To determine the size of population having the attribute that is couple relationship (married) Central Statistics Authority (CSA, 2007), 50% was used. Therefore, for s ingle proportion population, to derive the sample size in relation to the total populations sizes the proportional distribution of the attributes taken in to consideration i.e. 50 %. Then at 95% confidence interval and +/- 5 % significance level the sample size calculated became 384. Thus, 384 married (cohabited) from a total of 384 households were included in the study.

$$n= \{Z^2 \text{ x } \frac{pxq}{d\ 2}\}$$

Where: n = sample size

z = Confidence interval (95%)
p = Expected prevalence (as fraction of 1)
q = 1- p (expected non-prevalence)
d = relative desired precision

Yeka sub city was taken purposely among the 10 Woredas in Yeka sub city, three were selected using simple random sampling method. To reach households which are the analysis unit of the study, systematic simple random sampling was used based on the sampling frame obtained from Keble household registration database.

Data Collection Tools and Process

The researcher used a demographic questionnaire and two structured questionnaires. The demographic questionnaire contains nine items that elicits personal information from each respondent. The structured questionnaire includes: Experiences in Close Relationships-Revised (ECR-R), to collect data on adult attachment experience and Rahim Organizational Conflict Inventory-II (ROCI-II), to make inventory on how respondents resolve conflicts with their partners.

Conflict resolution styles

Rahim Conflict Resolution Inventory was used to collect data regarding conflict resolution styles of couples. The instrument contains 28 items and five styles of handling conflict in a 5-point Likert scale. The conflict handling styles are; integrating, obliging, dominating, compromising and avoiding conflict. Higher score in integrating and compromising indicates functional conflict resolution style while higher score in obliging, dominating and avoiding conflict indicates dysfunctional conflict resolution style.

Relationship Satisfaction

Relationship Assessment Scale (Hendrick, 1988), was used to asses intimate relationships including dating, cohabiting and engaged couples. This unifactorial Relationship Assessment Scale (RAS; Hendrick, 1988) assesses satisfaction in romantic relationships. The 7-item RAS contains questions about satisfaction with one's partner, the relationship as a whole and the extent to which needs are met within the relationship. The RAS employs a 5-point Likert scale ranging from low satisfaction to high satisfaction and yields one total RAS score ranging from 7 to 35; higher scores correspond with greater relationship satisfaction.

Open-ended Questions

To capture the personal opinion and to answer some research questions that could not be covered by the structured questionnaire or to supplement it, some open-ended items were prepared. These open-ended questions were focused on the factors that contribute to relationship conflict and the impact of conflict resolution styles on couple relationship satisfaction. The intention was to compensate the drawback of structured questionnaire by letting respondents to express their personal opinion, attitude and experience freely in their own words.

Methods of Data Analysis

Prior to conducting the analyses, the data collected were examined for accuracy of data entry, normality, missing values and collinearity. The data were found to have dependable data, normal distribution, no significant missing values and the scales and subscales which were considered as independent variables were not collinear. Person correlation was run to examine the relationship adult attachment and conflict resolution style. Multiple regressions were run with attachment anxiety and attachment avoidance as the independent variables and conflict resolution styles (integrating, compromising, obliging, dominating and avoiding conflict) as dependent variables.

Moreover, MANOVA was used to compare the conflict resolution styles of male and female research participants.

RESULTS

Demographic Data (Categorical) (n=306)

Demographic Variable	Frequency	Valid Percent
1. Sex		
Female	157	51.3
Male	149	48.7
Total	**306**	**100**
2. Age		
20- 25 years old	21	6.9
26-40 years old	218	71.9
41-60 years old	56	18.5
>60 years old	8	2.6
Total	**303**	**100**
3. Marital status		
Married	245	81.1
Cohabited	19	6.3
Divorced	7	2.3
Single	30	9.9
Total	**302**	**100**
4. Duration in relationship		
< a year	6	2.2
1-5 years	105	39.2
6-10 years	65	24.3
>10 years	92	34.3
Total	**268**	**100**

The majority (71.9 %) of the respondents were in the age category of 26 to 40 years old, which is relatively in early adulthood category of chronological age. The other 56 (18.5%) fall in the age category of 41-60 years old which is congruent to the chronological age of middle adulthood. Therefore, most, 90.2% of the respondents were in early and middle adulthood chronological age. The majority, 245 (81.1%) of the respondents reported that they are married, 30 (9.8%) reported that they are single, 19 (6.2%). Thirty nine percent of the respondents reported that they are in a relationship for one to five years, while 92 (34.2%) of the respondents reported that they are in a relationship for more than 10 years.

Level of Education and Income (n=306)

Variables	Frequency	Valid Percent
1. Education Level		
Below high school	9	3.0
High school complete	66	21.9
Diploma/Certificate holders	108	35.9
First degree holders	86	28.6
Above first degree holders	32	10.6
Total	301	100
2. Monthly Income		
No Income	10	3.7
500-1000 birr	15	5.6
1001-1500 birr	30	11.2
1501-2000 birr	20	7.4
2001-2500 birr	32	11.9
>2500 birr	162	60.2
Total	269	100

Approximately 36% of the respondents were diploma/certificate holders, while 28.6% and 21.9 % were first degree holders and those who did finish high school (grade 10/12) respectively. Around 11% respondents hold their second degree and above. This implies that more than 75.5% of the respondents in the present study are trained in different fields with diploma and above. Moreover, 60.2% of the respondents earned more than 2500 Ethiopian birr per month while 11.9% of the respondents reported of getting 2001-2500 per month (Table 5). This implies that 72% of the research participants earned more than 2000 birr per month.

Correlation between Demographic, Independent and Dependent Variables

Pearson correlations were run between the demographic variables of age, education level, monthly income and relationship duration with the independent and dependent variables as follows in Table 6.

Table 6: Pearson Correlation between the Demographic Variables and the Independent and Dependent Variables

	IN	OB	DO	AC	CO	RS
Age	-.067	.020	0.039	.039	.086	-.010
Level of Education	.052	.058	-.075	-057	-.038	-.017
Monthly Income	.116*	.051	-.168**	-.177**	.135*	.208**
Relationship duration	-.069	.000	-.014	-.014	.097	.043

*Two-tailed significance: *p<0.01; **p<0.001*

***Note**: **IN**=Integrating, **OB**=Obliging **DO**=Dominating, **AC**=Avoiding Conflict, **CO**=Compromising, **RS**=Relationship Satisfaction.*

Age and relationship duration were not statistically significant association with any of the independent and dependent variables included in the study. Moreover, sex has no statistically significant relationship with any of the variables included except conflict resolution styles

(Integrating and dominating). There is statistically significant positive association between sex and integrating style of conflict resolution styles (r=.184, p<.01), while sex has statistically significant negative association with dominating style of conflict resolution styles (r=-.191, p<.01). Level of education has no statistically significant association with couple's relationship satisfaction. Income level and conflict resolution styles have statistically significant association. Income had statistically significant positive association with integrating type of conflict resolution styles (r=.116, p<.01) and compromising type of conflict resolution styles (r=.135, p<.01). Income also had statistically significant negative association with dominating and avoiding conflict type of conflict resolution styles (r=-.168, p<.001 and r=-.177, p<.001) respectively. Unlike education level, income has statistically significant positive association with relationship satisfaction (r=.208, p<.001). Therefore, the analysis shows that income has better association with the dependent and independent variables than any other demographic factors.

Factors Contributing to Couples' Conflict

Open-ended question was forwarded for selected respondents (as key informants) to get relevant information from couples as indicated in population. There are a number of factors stated by research participants that contribute for conflict between couples. To name: income, lack of transparency, unfaithfulness, communication problem, other's interference, unfaithfulness, alcohol and drug use, not respecting each other, male dominance behavior, decrease time spent together, sexual dissatisfaction, age difference, income differences, difference in opinion, cultural differences, religion, ethnicity, education level, lies, lack of deep love, not tolerating each other, inability to control emotion, comparing ones' marriage with others, lack of forgiveness, male dominance behavior (lack of egalitarianism), jealousy, unrealistic expectations and lack of self-confidence, were some of the factors contributed to couple conflict that has been mentioned by many respondents. However, the following table summarizes the most significant factors.

Frequency and Percentage of Factors Contributing to Couple Conflict (n=61)

S. No	Variables	Frequency	Percent
1	Income	28	45.90
2	Lack of transparency	27	44.26
3	Unfaithfulness	23	37.70
4	Problems of communication	21	34.42
5	Others' interferences	21	34.42
6	Male dominance behavior	17	27.87
7	Sexual Problems	11	18.03
8	Not respecting each other	9	7.74
9	Alcohol and drug use	9	14.75
10	Differences (Religion, ethnicity, age, beauty, education level)	19	34.15
11	Others (ignorance, lies, jealousy, not tolerating each other, comparing ones marriage with others, not knowing each other well before marriage)	30	49.18

Bivariate Correlation of the Variables of Interest

Measures	1	2	3	4	5	6
IN	1					
CO	.55**	1				
OB	.46**	.52**	1			
DO	-.30**	-.07	-.07	1		
AC	.05	.23**	.29**	.17**	1	
RAS	.35**	.25**	.28**	-.20**	-.11	1

*Correlations significant at the p<0.01 level are indicated by * and correlations significant at the p<0.001 level are indicated by ***

***Note**: **IN**=Integrating, **OB**=Obliging **DO**=Dominating, **AC**=Avoiding Conflict, **CO**=Compromising, **RAS**=Relationship Satisfaction.*

Conflict resolution styles subscales had statistically significant association with relationship satisfaction. Therefore, relationship satisfaction is positively associated with integrating (r=.35, p<.001), compromising (r=.25, p<.001), and obliging (r=.28, p<.001) and negatively associated with dominating (r=-.20, p<.001).

Regressions of Conflict Resolution Styles on Relationship Satisfaction

	Beta	t	p	F	R-Square
DV: Relationship satisfaction					
IV: Integrating	.212	2.899	.004		
Compromising	.078	1.111	.267	11.915	.178**
Obliging	.179	2.639	.009		
Dominating	-.064	-1.077	.283		
Avoiding conflict	-193	-3.275	.001		

*Note: **p<0.001*

In this regression analysis, integrating, obliging and avoiding conflict subscales of conflict resolution styles contributed significantly for the prediction of relationship satisfaction. This implies higher score in integrating style of conflict resolution styles was associated with higher level of relationship satisfaction. Higher levels of obliging type of conflict resolution associated with higher level of relationship satisfaction. Eventually, higher level of avoiding conflict style of conflict resolution styles associated with lower level of relationship satisfaction. All the subscales of conflict resolution styles contributed 17.8% of the variance of relationship satisfaction. Overall, hypothesis two was confirmed. Conflict resolution styles is strong predictor of relationship satisfaction.

Mean Scores and Standard Deviation Measures of Conflict resolution styles Sub-scales as a Function of Sex

	Integrating		**Compromising**		**Obliging**		**Dominating**		**Avoiding conflict**	
Group	M	SD	M	SD	M	SD	M	SD	M	SD
Female	27.92	5.05	14.46	2.85	22.24	3.63	12.19	3.45	19.82	4.23
Male	29.64	4.26	15.09	2.64	22.50	4.12	10.74	3.50	19.72	3.82

It appears that male respondents achieved higher mean score in integrating conflict resolution styles (M=29.64, SD=4.26) than female respondents (M=27.92, SD=5.05). In Dominating type of conflict resolution styles, female respondents achieved higher mean score in dominating conflict resolution styles (M=12.19, SD=3.45) than male respondents (M=10.74, SD=3.50). These indicate that statistically significant sex impacts were observed for integrating and dominating conflict resolution styles but not in obliging, avoiding conflict and compromising conflict resolution styles.

DISCUSSION

Education lets couples tolerate conflict happen in their relationship and give time for discussion and reach in to consensus. However, level of education had no statistically significant association with conflict resolution styles and relationship satisfaction. Based on the results of this study level of education does not intervene with conflict resolution styles and relationship satisfaction. in the contrary, level of education and relationship satisfaction had negative association though it was weak (insignificant). This implies as education level increases, the satisfaction that couples derive from their relationship tends to fall. This seems something unexpected and the possible explanation may be individuals need and expectation became higher when one is educated more.

Income had statistically significant positive association with functional conflict approaches and relationship satisfaction. Couples who earn better income have the likelihood of resolving conflicts happened between themselves using integrating and compromising type of conflict resolution styles. Therefore, level of income has positive contribution on couple's conflict resolution styles. The level of income has also statistically significant positive association with relationship satisfaction. This implies couples who earn better income have the likelihood to derive better relationship satisfaction or level of income has reasonable influence on couple's relationship satisfaction.

Previous studies show association between conflict resolution styles and relationship satisfaction (Bumpass, 2002; Collins et al., 2006). In the present study statistically significant positive association between relationship satisfaction and integrating, compromising and obliging type of conflict resolution styles were found. The direct relationship between relationship satisfaction and integrating and compromising was expected and supported by previous studies (eg. Plessis,

2006). It implies as couples exercised more of functional conflict approach (integrating and compromising), their relationship strengthens and resulted in relationship satisfaction. However, the direct and statistically significant positive relationship between relationship satisfaction and obliging was different from the assumptions made. Obliging is considered as low self-concern and high-concern with others, which resulted in dysfunctional conflict approach (Rahim, 1983; Defrain and Olsen, 2003). Therefore, inverse association was expected and such relationship got further elaboration later. Relationship satisfaction had negative association with dominating type of conflict resolution, in which it deteriorates couples communication and result in low relationship satisfaction.

The Causes of Couple Conflict

Researchers indicated that different factors contribute to conflict in couple relationship. The present researcher also wanted to find out the actual and potential factors that contribute for couple's conflict in the present sample. Respondents listed and prioritized the factors that lead to couple conflict. Money (income) was the first priority listed that leads couple to conflict. Income earned was raised as a source of the problem in terms of its source (husband or wife earning), imbalance of the husband and wife monthly earning and the management problem of either of them were forwarded as the reason for income as a cause of couple conflict. Moreover, it was stated that money as a source of conflict not only in terms of its shortage but also sometimes excess money may become a source of conflict. Therefore, most disagreements between couples are related to money and this was true in previous research reports too (Habtamu, 1998; Wilson and Daly, 2001; Guerrero et al., 2001).

Lack of transparency was the second factor that has been prioritized by respondents. They were complaining about lack of transparency between couples. Either of them or both lack the experience to share what they are going to do or what they did. Actually this problem might have resulted from or as a result of lack of communication and unfaithfulness. In one way or another, these factors influence each other. If a partner is unfaithful, he/she could hardly be transparent which in turn impair open communication between couples. Unfaithfulness brings jealousy, and lack of transparency which possibly resulted in impaired communication and invites them to spend even their free time separately. Previous research reports show lack of communication, lack of transparency, unfaithfulness, jealousy (suspicious on adultery), not spending enough time together and engaging in emotional or sexual infidelity were the major contributing factors for couple's conflict (Habtamu, 1998; Cinamon, 2006).

The other most important contributing factor that was observed from the present respondents' response was interference. Just equal to lack of communication, others' interferences were reported as a serious problem that contributes to couples conflict. Mother, father, brothers, sisters or friends from either side interfere in couple's relationship. Especially female respondents were strained on the interference of a husband's mother or sister in couple relationship.

Moreover, research participants pointed out that differences between couples like religion, education level, ethnicity and age also contributed to couple conflict. Research participant's explained that at the start of romantic love, the religion and ethnicity differences were not explicitly observed and discussed as an issue. However, the problem begins to be noticed when couples start to live together and have a child or children. Couples start to forward ideas, imagine thoughts and observe opinion differences that have never been raised earlier as an issue. They also explained that it is unlikely to genuinely discuss and reach in to an agreement on matters like religion and ethnicity. On these issues as respondents explained, they take their own side and strived to protect themselves in one way or another. Even couples start to believe that such ideas are impervious and could never be presented on the discussion table. It widens the difference between couples and less likely to be transparent. Lack of transparency hinders proper communication and dysfunctional conflict approach (dominating, avoiding conflict and obliging) would follow. Eventually the common things that bind them deteriorate and common ideas decrease and the emotional bond that ties them starts to loosen. Actually studies were not available in this issue and the present researcher could not support with empirical evidence done by other researchers.

Conflict Resolution Styles and Relationship Satisfaction

Conflict resolution styles has predictive impact on relationship satisfaction. Previous research reports also indicated that couples engage in and try to resolve conflicts is one of the major indicators of relationship functioning (Bumpass, 2002; Collins et al., 2006). Explicitly, functional conflict approach will result in higher relationship satisfaction and dysfunctional conflict approach will result in lower relationship satisfaction.

In the present research integrating, obliging and avoiding conflict subscales of conflict resolution styles contributed significantly for the prediction of relationship satisfaction. Integrating is a functional conflict approach which predicts directly the relationship satisfaction. Obliging and avoiding conflict also predict individually relationship satisfaction as they are dysfunctional conflict approach. This implies higher score in integrating style of conflict resolution styles was associated with higher score in relationship satisfaction. Higher score in obliging type of conflict resolution styles associated with higher score in relationship satisfaction. Eventually, higher score in avoiding conflict style of conflict resolution styles is associated with lower core in relationship satisfaction. Therefore, how both partners solve problems and cope with conflict not only predicts whether a partnership will remain intact or break up, but also influences whether a current relationship experienced is satisfactory or not (Gottman and Driver, 2005).

There has been a considerable amount of research showing that romantic relationships have various correlates. Dysfunctional conflict approaches, such as dominating (personal attacks and losing control) and avoiding (refusing to discuss the issue further and tuning the other partner out), have been found to be negatively related to relationship satisfaction, whereas the functional conflict approaches (integrating and compromising) supports a satisfied relationship partnership (Kurdek, 1995; Marchand, 2004). However, findings regarding the conflict resolution styles of

obliging (giving in and not defending one's position) were not as consistent (Kurdek, 1994) and obliging was the one particular conflict resolution style least likely to be related to relationship outcomes. However, obliging type of conflict resolution styles had direct predictive impact on relationship satisfaction in the present research result. This might be due to the consistent insisting of one's couple to calm conflict might result in agreement which leads to satisfaction.

Gender and Conflict Resolution Styles

Comparison on conflict resolution style of men and women were done using MANOVA. Gender differences were found in integrating and dominating type of conflict resolution styles. However, there was no significant mean difference between male and female respondents in compromising, avoiding conflict and obliging type of conflict resolution styles. This implies females were practicing dominant type of conflict resolution styles. Society has defined femininity as being soft, weak, considerate, and expects females to be problems fixers in a relationship and most of the time obliging type of conflict resolution styles. To many females, it is their duty to approach their male partners for conflict resolution. However, being dominating could be one consequence of anxiously attached females. As individuals become more anxious, they start to be over activated and tried to dominate the situation when conflict arises. This might also bring the behavior of being dominant type of conflict resolution styles for female respondents in this research.

A statistically significant mean score difference between male and female participants were found in integrative type of conflict resolution styles. Previous research reports did not indicated any kind of gender differences on integrating type of conflict resolution styles. However, in this research statistically significant mean score differences between male and female participants were found in integrating type of conflict resolution styles. The mean score of males were higher than the mean score of females with regard to integrating type of conflict resolution styles. It means, male participants involve more in integrating type of conflict resolution styles than female participants. While being integrative is a positive quality in relationship satisfaction, the fact that either of partners should not be more concerned with being integrative, as it handicaps relationships and reduces relationship satisfaction.

The observation that males in this sample in general are more likely to pull in to agreements and are more willing to participate in conflict resolution makes it easy to see that the combination of integrating males and dominating females could soon lead to pursue effective interaction pattern that is predictive of relationship satisfaction.

CONCLUSIONS AND IMPLICATIONS

The present study examined effect of conflict resolution behavior on couple relationship satisfaction. The present researcher specifically addressed two approaches of conflict approaches, functional and dysfunctional and their association relationship satisfaction. Based on the discussion the following conclusions are made.

1. The level of education had no significant relationship with conflict resolution styles and relationship satisfaction. Therefore, it can be concluded that the level of education could not guarantee for having relationship satisfaction and functional conflict resolution styles.
2. Income had significant impact in conflict resolution styles and relationship satisfaction. Therefore, it is possible to conclude that level of income is one of the factors that increase enhance functional conflict approach and increase couples' relationship satisfaction.
3. It was found that, there are various factors that contribute to couples' conflict. However, the major factors stated by respondents and summarized by the present researcher were ranked as income, lack of transparency, lack of communication, unfaithfulness, jealousy (committing adultery), not spending enough time together and engaging in emotional or sexual infidelity were the major contributing factors.
4. Conflict resolution styles had significant predictive power on relationship satisfaction. Therefore, the analysis explicitly shows that integrating, obliging and avoiding conflict type of conflict resolution styles predicts relationship satisfaction between couples.

Implications

The findings of the present study help to explain people's behavior for intervention. Some people have difficulties in starting and continuing adult intimate relationship and some others even seem to lack the wish or competence to become deeply involved with others. Moreover, it is observed that though couples love each other very well, they go through hard times with uncomplicated problems due to lack of effective conflict resolution styles.

Because of the importance of conflict resolution styles, it is helpful for marriage /couple/ therapists to address conflict resolution behavior and highlight how they are displayed in romantic relationships. The counselor should understand the conflict approach that couples use in their conversations. By listening and observing their conversational emotions the therapist can understand the approach of conflict that couples are using. Therefore, the therapist can teach and counsel clients on how their conversation and emotion affects to reach in to common consensus during communication. Therefore, teaching and practicing more effective conflict resolution styles may assist in building a secure base for each member of the partner. The therapist needs to pay special attention to the more delicate characteristics of avoidant behaviors, and highlight their dynamics and effects when necessary.

Research reports indicate that, on average, children who grow up in families with both their biological parents in a low-conflict marriage are better off in a number of ways than children who grow up in single, step or cohabiting-parent households. However, in individual situations, children became better off depending on whether the marriage is "healthy" and stable. Marriage is a proxy for other parental characteristics associated with relationship stability and positive child outcomes.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.113/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

Study of Relationship between Affective Variables and Academic Achievement among Adolescents

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ABSTRACT

This study examined the affective variables, namely study habits and academic self concept to determine if they are correlated and have an impact on adolescents' academic achievement. Subjects comprised 480 randomly selected students of class XIIth of the 10+2 schools in Darbhanga town (Bihar). They were asked to complete Study Habit Inventory by Dr. M. Mukhopadhyay & Dr. D. N. Sansanwal (2002) and Academic Self Concept Scale (ASCS) by Reynolds et al. (1980) in normal classroom situation. Statistical analyses were performed to ascertain the relationship between affective variables & academic achievement and their effects on academic achievement of adolescents (both rural and Urban). Findings of the study revealed that (1) there is a significant positive correlation between study habits, academic self concept and academic achievement and (2) there is a significant difference between boys and girls(both rural and urban) on the variables, study habits, academic self concept and academic achievement. It was recommended that similar research with appropriate methodology and design may be used to ascertain the degree of conformity which this research has on the above said variables.

Keywords: *Affective variables, Study habits, Academic self concept, Academic Achievement.*

Adolescence is a transitional period during which a child is becoming, but is not yet, an adult. During this period, the adolescent establish their emotional and psychological independence and try to achieve personal identity. It is a time when many physical, psychological and behavioural transformations happen and when adolescents develop a lot of the habits, behavioural patterns and relationships they will take into their adulthood (Committee on Adolescent Health Care Services and Models of Care for Treatment 2008). Adolescents with poor habits and skills are known to develop high risk behaviours which lead to long lasting social and academic consequences.

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Many students fail not because they lack ability, but because they do not have adequate study skills (Menzel, 1982). Good students are not born but are made by constant and deliberate practice of good study habits, for which there is no substitute (Ames & Archer, 1988). Thus, in order to improve academic performance of students, it seems essential to improve their study habits without which desired outcomes cannot be achieved. Robinson (2000) found that certain bad study habits result in poor academic performance whereas certain good study habits result in high academic performance. Creemers and Reynold (2000), on the basis of data of National Assessment of Educational Progress, demonstrated a positive relationship between good study habits and academic performance of 8th and 9th Grade students. Similarly, Gilbert and Rollick (1996) suggested good study habits to significantly enhance academic performance of the pupils. Most research that has been done on factors that influence academic achievement concentrate more on the cognitive factors, while the affective factors are ignored (Sikhwari 2004). The affective aspect of the students should receive as much attention as the cognitive aspect in academic investigation and endeavours (Sikhwari 2004). Variance in academic achievement can be related to affective variables, of which self-concept and motivation are the most important (Van der Lith, J. M. 1991). Areepattamannil and Freeman (2008) concur with Van der Lith , J. M. (1991) when they state that academic self-concept have the most potential of being directly influenced and should therefore be of primary concern.

Thus study habits and academic self-concept have been selected by the researcher to be the two affective variables that this study will focus on. As Gilman, Huebner, and Furlong (2009) remark: If the ultimate goal of schools is to educate young people to become responsible and critically thinking citizens who can succeed in life, understanding factors that stimulate them to become active agents in their own learning is critical. Because of this reason, it is crucial to know and to understand which factors are responsible for determining, predicting or for causing variance in academic achievement.

CONCEPTUAL FRAMEWORK

Study Habits: Concept and Definition

The term study habit means various methods and practices adopted by the students to learn in a systematic and efficient way, when opportunity is given. It calls for knowing where and how to obtain facts, be able to organize, classify and arrange facts and make intelligent use of time. Study habit is auto nominally, learned behavior pattern that enable the student to acquire how to study. A good study habit has actually developed a behavior pattern which enables him to sit down and began working on his assignment with a minimum fuss and maximum concentration. According to dictionary of education (2007), “study habit indicate settled tendency of practice and thought to acquire knowledge and information from the book.” Study habit is also defined as the devotion of time and attention to acquire information or knowledge especially from books or in other words it’s the pursuit of academic knowledge by a detailed investigation of a subject or situation (Oxford Dictionary & Thesaurus of English Language, 2003).

Good (1973) define the term study habits as: "The student's way of study whether systematic, efficient or inefficient etc." Study habits, in this study, have been considered to be sum total of scores obtained on the nine different kinds of study behaviors viz., comprehension, concentration, task orientation, study sets, interaction, drilling, supports, recording and language depicted by Study Habit Inventory by Dr. M. Mukhopadhyay and Dr. D. N. Sansanwal (2002).

Academic Self-Concept: Concept and Definition

An academic self-concept is the overall self-perception and thinking of the individual regarding academic ability. It is comprised of a set of attitudes, beliefs and perceptions held by the students about their academic skills and performance (Lent, Brown & Gore 1997). Academic self-concept is referred to as a person's self-evaluation regarding specific academic domains or abilities (Trautwein, et al. 2006). In other words, academic self-concept is how students do school work or feel about themselves as learners (Guay, et al. 2003; Harter, 1998).

Academic self-concept is one sub facet of the general self-concept that has been linked to academic achievement. A higher academic self-concept has been associated with better academic achievement (Marsh 1990). Academic self concept in this study have been considered to be the sum of scores obtained on the seven constructs of academic self-concept Scale (ASCS) by Reynolds et al.(1980) viz., grade and effort dimension, study habits/organization self-perceptions, peer evaluation of academic ability, self-confidence in academics, satisfaction with school, self-doubt about ability, and self-evaluation with external standards.

Academic Achievement: Concept and Definition

Academic achievement has always been considered as a key criterion to judge one's total potentialities and capacities. Academic achievement of an individual is influenced partly by his ability to adjust to his environment, partly by his special abilities, intelligence and aptitude which are an integral part of his personality and partly by the intensity of drives and motives which serve as the impelling force for his activities. Hence academic achievement occupies a very important place in education as well as in the learning process. Academic achievement, according to Crow and Crow (1969), is defined as the extent to which a learner is profiting from instruction in a given area of learning i.e. achievement is reflected by the extent to which skill and knowledge has been imparted to him. In view of other authors such as Goods (1958), Biswas and Aggarwal (1971) there seems to be considerable similarities in as much as all of them place emphasis on knowledge attained or skill developed in academic subjects and usually designated by test scores. It is exposition of his/her present level of performance.

Thus, academic achievement refers to the degree of level of success and that of proficiency attained in some specific area concerning scholastic and academic work. Academic achievement in this study has been considered to be total marks obtained by student in 11th class examination.

OBJECTIVES

1. To study the relationship between affective variables, namely study habits, academic self-concept and academic achievement of students.
2. To compare boys and girls (both rural and urban) on the measure of affective variables, namely study habits, academic self-concept and academic achievement.

Hypotheses

Based on the review of literature, the following hypotheses were formulated:

H1: There will be significant positive relationship between study habits and academic achievement of students.

H2: There will be significant positive relationship between academic self-concept and Academic achievement of students.

H3: There will be significant positive relationship between study habits and academic Self-concept of students.

H4: There will be significant difference between boys and girls in respect of their study habits.

H5: There will be significant difference between boys and girls in respect of their academic self- concept.

H6: There will be significant difference between boys and girls in respect of their academic achievement.

H7: There will be significant difference between rural and urban students in respect of their study habits.

H8: There will be significant difference between rural and urban students in respect of their academic self-concept.

H9: There will be significant difference between rural and urban students in respect of their academic achievement.

METHODOLOGY

This study utilized survey techniques due to its descriptive nature. This section is comprised of sample, research tools and procedure of the data collection.

Sample

A random sample of 480 XII th class students of the 10+2 schools (two hundreds forty boys: 120 rural & 120 urban; two hundreds forty girls: 120 rural & 120 urban) participated in the study. The government high schools named below also run 10+2 Classes. The ages of the students ranged between 16 and 19 years with an average age of 17.5 years.

LOCALE, GENDER AND SCHOOL WISE DISTRIBUTION OF SAMPLE

Respondents		Janta High School Jiwachhghat (Darbhanga)	Zila High School (Darbhanga)	Total
Boys	Rural	60	60	120
	Urban	60	60	120
Girls	Rural	60	60	120
	Urban	60	60	120
G. Total		240	240	480

Tools Used

The following instruments were used for collecting the data to measure the variables of the study.

1. Study Habit Inventory by Dr. M. Mukhopadhyay and Dr. D. N. Sansanwal (2002)

Study Habit Inventory comprises 52 items pertaining to nine sub-components namely Comprehension, Concentration, Task Orientation, Study Size, Interaction, Drilling, Supports, Recording and Language. The instrument uses a Likert-type scale ranging from always, frequently, sometimes, rarely and never. The reliability coefficient of the whole inventory was worked out using split-half method and is found to be 0.91 which is fairly high.

2. Academic Self Concept Scale (ASCS) by Reynolds et al. (1980)

The Academic Self Concept Scale is a 40-items Likert- type scale that measures the academic aspect of the general self-concept among college students. Test-retest reliability for the ASCS is reported to be .88 with an internal consistency of 0.91. The reliability coefficients for the subscales range from 0.59 to 0.92 (Reynolds, 1988).The validity of the scale as established using the administration of the instrument to undergraduate college students was reported to be 0.44.

3. Academic Achievement

Aggregate marks secured by students in the annual examination of class XIth conducted by the Bihar Board of Intermediate Examination (2013) were taken as the academic achievement of the students. These marks were collected from the office records of the concerned institutions and used in the analyses of the data.

Statistical Analyses

The researcher used the following statistical techniques for analyses of the data.

I. Descriptive Statistics: Mean and SD

II. Correlational Statistics: Coefficient of Correlation ‘r’

III. Inferential Statistics’’- test

Procedure

The administration of the tools viz., Study Habit Inventory by Dr. M. Mukhopadhyay and Dr. D. N. Sansanwal (2002) and Academic Self Concept Scale (ASCS) by Reynolds et al. (1980) were completed following the instructions given by the respective authors.

Analyses of the Data

Keeping in view the objectives as well as design of the study, coefficient of correlation and 't' test were used for the analysis of the data. Pearson's Coefficient of Correlation was computed to analyze the relationships. Mean, Standard Deviation and 't' test were used to find the significance of difference between the means.

RESULTS AND DISCUSSION

1. Correlation of affective variables, namely study habits, academic self concept and academic achievement

The study was conducted to ascertain the extent of relationship between independent variables (Academic Self Concept and Study Habits) and dependent variable (Academic Achievement) using Pearsons' Product Moment Coefficient of correlation. Results of the correlation are presented in Table No.1

Table No.1, Correlation Matrix of Affective Variables, namely Study Habits, Academic Self Concept and Academic Achievement

Variables	Study Habits	Academic Self Concept	Academic Achievement
Study Habits	1		
Academic Self Concept	0.102 (.05)	1	
Academic Achievement	0.165 (.01)	0.125 (.01)	1

Perusal of table-1 establishes that there is a significant positive correlation between study habits and academic achievement. It implies that good study habits results into better academic achievement and vice-versa. The reason for the good study habits leading to better academic achievement may be the better and effective time management, along with systematic, efficient and effective strategies of acquiring and using knowledge results into good study habits. Such results are also reported by Creemers and Reynold (2000) and Onwuegbuzie et al. (2001). Thus the hypothesis H1 is accepted. In case of correlation between academic self concept and academic achievement, the significant positive correlation indicates that academic self concept is directly proportional to academic performance meaning thereby better academic self concept

results into proportional academic achievement and vice-versa. The possible reason for this result may be that academic self-concept has a direct positive effect on academic achievement as academic self-concept improves self-perceptions by eliminating self-defeating thoughts and other negative behaviours. This perception may positively affect the confidence and motivate individuals in the learning process. This result is in accordance with the researches of Marsh & Scalas, (2011). Thus the hypothesis H2 is accepted. Concerning the relationship between study habits and academic self concept, the significant positive correlation between them points that self concept in general and academic self concept in particular enables the individuals to hold a realistic view of themselves and their academic abilities. They might perceive and relate their intellectual and academic competence with cognitive interests intelligently which is beneficial for the students in positive academic behaviors and attitudes and ultimately better study habits. Thus the hypothesis H3 is accepted.

2. Comparison between gender (boys and girls) on the selected variables.

The comparison between the samples on the selected variables was done by testing the significance of difference between their means by using t-tests. The results are presented in the following tables.

Table No.2, Comparison of Gender on the Selected Variables

Variables	**Gender**				**t-value**
	Boys (240)		**Girls (240)**		
	M_1	**σ_1**	**M_2**	**σ_2**	
Study Habits	131.16	23.15	139.62	21.87	4.16 (0.01)
Academic Self Concept	109.71	18.65	98.15	17.66	6.97 (0.01)
Academic Achievement	350.21	61.22	365.17	62.93	3.22 (0.01)

Perusal of table-2 reveals significant difference between boys and girls favoring girls on the variable, study habits. Thus it may be concluded that girls manage their time effectively and engages themselves in regular and sustained concentration with the effective habits of study (plan/place, a definite time table and taking brief of well organized notes) in an environment that is conducive to studying. They are amenable to the use of cognitive restructuring in improving their study behaviors in order to achieve excellent academic performance. On the other hands, disruptive and inattentive behaviors in boys may results into their lower levels of academic

success. This finding is in line with the finding of Ukwueze (2009).Thus the hypothesis H4 is substantiated. On the other hands, this table depicts that boys have higher mean scores on academic self concept in comparison to their female counterparts. This significant result favouring boys might be due to their maximum emphasis on positive aspects of self and higher preparation to accept their positive evaluation enabling them to increase their activities in desirable direction for facing difficulties with confidence and doing tasks that must be done. This result is in consonance with the research of Kling, et al. (1999). Thus the hypothesis H5 is substantiated. Significant result favoring girls on the measure of academic achievement might be due to the changing cultural taboo and providing better attention by the government and the society in order to develop their untapped and hidden potential, to improve on their academic achievement and erase the old stereotype that places boy above girls on academic issues. This result is in line with the studies of Cokley and Moore (2007) and Chavous, T. M. et al. 2008). Thus the hypothesis H6 is substantiated.

3. Comparison between rural and urban on the selected variables.

The comparison between the samples on the selected variables was done by testing the significance of difference between their means by using t-tests. The results are presented in the following tables.

Table No.3, Comparison of Locale on the Selected Variables

Variables	**Locale**				**t-value**
	Rural (240)		**Urban (240)**		
	M_1	**σ_1**	**M_2**	**σ_2**	
Study Habits	115.23	19.58	125.11	22.01	2.71 (0.01)
Academic Self Concept	96.68	16.68	101.36	19.25	1.83 (N.S.)
Academic Achievement	372.12	61.05	383.75	64.82	2.02 (0.05)

Table-3 revealed that there is a significant difference between rural and urban students favouring the latter with respect to study habits. This significant difference at 0.01 levels suggests that urban students may have higher educational aspiration & motivation level and place more value

on academic activity. This approach may lead them to structure the work environment accordingly, cope with distractions if any and concentrate more on various aspects and strategies of academic endeavour which helps in formation of appropriate academic habits. This finding is consistent with the investigation made by Sarwar; et al. (2009).Thus the hypothesis H7 is accepted. Non-significant result between rural and urban students on the measure of academic self concept might be due to the fact that rural students are equally receptive to and benefit from family help to keep them aspired and motivated and utilize their talents by visualizing distal goals. This perception might affect the confidence level in the learning process which, in turn, helps them equally in academic self concept formation. In a study by Devi & Prasanthi ((2004), no significant difference between rural and urban on the measure of academic self concept is reported. Thus the hypothesis H8 is rejected. The significant difference at 5% level favouring urban students on the measure of academic achievement might be due to the greater access to many resources & opportunities and above all the location of school which provides great opportunities to students' success and extend into students' aspiration for the future. Thus the hypothesis H9 is accepted.

CONCLUSION

The findings suggest that there is variety of factors, both cognitive and affective, that may affect adolescents' achievement and consequently develop an academic self-concept accordingly. The literature has indicated that study habits and academic self-concept are important affective variables that could contribute towards the variance in the academic achievement of adolescents. This is a reminder to the professionals in the field that skills of study habits might be 'taught' just as subject matter. This may be quite useful in fostering students' academic self concept. Based on the findings of the present study, it is worth mentioning to pay more attention to affective factors such as study habits and academic self concept that affect academic achievement. As Gilman, Huebner, and Furlong (2009) remark: If the ultimate goal of schools is to educate young people to become responsible and critically thinking citizens who can succeed in life, understanding factors that stimulate them to become active agents in their own learning is critical.

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The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 3, Issue 2, No.6, DIP: 18.01.114/20160302
ISBN: 978-1-329-91038-6
http://www.ijip.in | January - March, 2016

A Comparative Study of Male and Female Hostlers on Spirituality and Quality of Life

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ABSTRACT

Spirituality may refer as a subjective feeling and experiences that occur both within and outside of traditional religious systems that influence various domains of life e.g. physical health, mental health, optimism, resilience and quality of life. The aim of the present study is to explore the relation between spirituality and quality of life in male and female hostlers. To accomplish the goal of study, we selected 100 girls and 100 boys post graduate students from Aligarh Muslim University through random sampling method. The entire participants were hostlers whom age ranges from 18-24 years. We applied Daily spiritual experience scale (DSES) and WHOQOL-BREF on the participants to collect data. We analyzed data with the help of t-test and Pearson product moment co-efficient of correlation. The results indicate positive relationship between spirituality and quality of life. Result also shows the difference between male and female hostlers on spirituality and quality of life.

Keywords: *Spirituality, Quality of Life, Hostlers, Subjective Feeling.*

Through the last decade researcher noticed spirituality and considers its influence on health related issues (Ridnour, 2008). Spirituality seems to be related to various facets of mental and physical health while the acceptance of spirituality as a firm component of good mental and physical health has become more standardized (Moberg & Bruseck, 1978). Spirituality is a different and broad phenomenon. Canda (1990) defined spirituality as the "person's search for a sense of meaning and morally fulfilling relationships between oneself, other people, the encompassing universe, and the ontological ground for existence". Spirituality is not the same as religion because religion includes spiritual assurances and practices that is maintained by society and culture over time. Vaughan et al. (1996) defined spirituality as "a subjective experience that exists both within and outside of traditional religious systems" and by Sussman et al. (1997), it is a "subjectively experiencing a life force". Spiritual experience can also be defined as

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"experiences that may or may not be part of daily life, and reflect the perception of interacting and being involved with the sacred" (Larson et al., 1998). Larson et al. (1998) identified the following domains of spirituality

(a) Religious/spirituality preference or affiliation
(b) Religious/spiritual history
(c) Religious/spiritual participation
(d) Religious/spiritual private practices
(e) Religious/spiritual support
(f) Religious/spiritual coping
(g) Religious/spiritual beliefs and values
(h) Religious/spiritual commitment
(i) Religious/spiritual motivation for regulating and reconciling relationships
(j) Religious/spiritual experiences

WHO defines quality of life as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept affected in a complex way by the persons' physical health, psychological state, level of independence, social relationships and their relationships to salient features of their environment" (Skevington et al., 2004). Mytko and Knight (1999) defined quality of life as a multidimensional construct that includes the patient's perspective of their overall quality of life and their assessment of specific components of quality of life i.e., physical, psychological and social well-being. Quality of life involves a one-dimension that is affected by numerous factors. In addition, quality of life is conceptualized as a subjective phenomenon that includes other subjective concepts such as life satisfaction and well-being. Spirituality can be understood as a phenomenon that is predictor of quality of life, but it remains distinctive from other physical, social and psychological well-being. Similarly, physical, social and psychological well-being is also related to quality of life. Mirmoeini and Afsharinia (2015) determined the relationships between spirituality and resiliency with quality of life of students. Results showed that 86% of the variance predict the quality of life and also it showed that the meaning full relation between spirituality and resiliency with the quality of life. Similarly, in another study done by Bellamy and colleagues (2007) on 1,835 people with mental illness involved in clubhouse and consumer drop-in centers in the United States, they reported spirituality was related to overall quality of life. Krageloh, Henning, Billington, Hawken (2015) investigated the effects of spirituality, religiousness, and personal beliefs on the quality of life (QOL) of medical students affiliated with a religious faith and those without affiliation. For religious students, a larger range of characteristics of existential beliefs were positively related to quality of life. For all students, hope and optimism and meaning of life predicted higher scores on psychological wellbeing. For religious and nonreligious medical students, reduced meaning in life and hope were the strongest indicators of psychological distress.

Statement of the problem-On the previous research and theoretical assumption, we tried to examine the effect of spirituality on quality of life and compare male and female hostlers on spirituality and quality of life.

OBJECTIVES OF THE STUDY

- To examine the effect of spirituality on quality of life on male and female hostlers
- To establish relationship between spirituality and quality of life
- To compare male and female hostlers on spirituality and quality of life

Hypotheses

- There is no significant difference between male and female hostlers on spirituality
- There is no significant difference between male and female hostlers on quality of life
- There is no significant relationship between spirituality and quality of life

METHODOLOGY

Sample-

The purpose of the present study is to examine the effect of spirituality on quality of life between male and female hostlers and compare male and female hostlers on spirituality and quality of life. Therefore sample of the present study was those students who were hostlers and perusing post-graduation. For conducting this study, we selected 100 boys and 100 girls hostlers from the hostels of Aligarh Muslim University through random sampling technique.

Tools of the study

Daily Spiritual Experience Scale (DSES)–We applied Daily spiritual experience scale to assess the degree of spirituality among hostlers. L.G. Underwood and J.A. Teresi developed this scale in 2002 that comprised of 16 items. The internal consistency reliability of DSES is estimated with Cronbach's alpha .94 that is very high.

WHOQOL-BREF-We used WHOQOL-BREF to assess quality of life of hostlers. World Health Organization developed this scale in 2004. This scale consists of 26 items that assess four domains of health that are physical, psychological, social and environmental. Chronbach alpha for this scale has been found 0.925.

Procedure-

For collecting data, we approached all the participants through the hostels' administration. Before starting the procedure, we established good rapport with the participants and took them into confidence and make them sure about the confidentiality of their responses. We took their consent before distribution of all the questionnaires among them. We gave them Instructions as printed on questionnaires. After filling both the questionnaires, we collected all the questionnaires and respondents thanked the respondents for their cooperation. After collecting raw data, we did statistical calculation with the help of SPSS 17.0.

RESULT

Analysis of data- To compare male and female hostlers on spirituality and quality of life, we used t-test and to find out relationship between spirituality and quality of life, we used Pearson Product Moment Coefficient of Correlation. Following tables show the result.

Table 1showsMean, S.D. and t-value of male and female hostlers on spirituality

Group	N	Mean	S.D.	t-value	d.f.	Sig	Result
Female	100	62.51	15.55	.872*	99	.000	Significant
Male	100	60.57	13.32				

*Significant at the 0.05 level % of critical value

Above table indicates mean score of spirituality for male and female. We found mean score for female on spirituality 62.51 and for male hostlers60.57 respectively. It means female are more spiritual than male. T- value of spirituality for female and male hostlers was .872 that is significant at 0.05 level of critical ratio. It indicates that there is significant difference between male and female hostlers on spirituality.

Table 2 shows Mean, S.D. and t-value of male and female hostlers on quality of life

Group	N	Mean	S.D.	t-value	d.f.	Sig	Result
Female	100	86.79	10.99	21.519*	99	.000	Significant
Male	100	82.22	11.00				

*Significant at the 0.05 level

We can observe clearly that the mean score of quality of life for female and male are 86.79 and 82.22 respectively. It means female have better quality of life than male hostlers. T- value of quality of life was 21.519 that is significant at 0.05 level of critical ratio. The t –value indicates that female and male differ significantly on quality of life.

Table 3 shows Mean, S.D. and r-value between spirituality and quality of life for female hostlers

Group	N	Variables	Mean	S.D.	r value	sig	Result
Female	100	Quality of life	86.79	10.991	.726**	.000	Significant
		Spirituality	62.747	15.518			

** Correlation is significant at the 0.01 level (2-tailed)

Above table presents r- value for spirituality and quality of life for female hostlers. The r- value between spirituality and quality of life for female hostlers was .726 that is significant at 0.01

level of confidence. On the basis of present table it is evident that there is significantly high positive correlation between spirituality and quality of life.

Table 4 shows Mean, S.D. and r-value between spirituality and quality of life for male hostlers

Group	N	Variables	Mean	S.D.	r value	sig	Result
Male	100	Quality of life	82.22	11.00	.508**	.000	Significant
		Spirituality	60.57	13.32			

** Correlation is significant at the 0.01 level (2-tailed)

Above table presents r- value for spirituality and quality of life for male hostlers. We found r-value between spirituality and quality of life for male hostlers.508 that is significant at 0.01 level of confidence. It demonstrates significantly average positive relationship between spirituality and quality of life.

DISCUSSION

We conducted present study to compare male and female hostlers on spirituality and quality of life and to assess the impact of spirituality on quality of life. Findings of the present study revealed that-

There was significant difference between male and female hostler's interims of spirituality. Male hostlers scored lowered on spirituality than female hostlers. The cause behind this may be that all the subjects were from Muslim community and there were held spiritual meeting daily in girls' hostel. The present study is supported by Bryant (2007) who found that women are more spiritual than men. Hammermeisteret. al. (2005) also found the same result.

We also found that there was significant difference between male and female on quality of life. Female hostlers showed better quality of life than male hostlers. The cause behind this may be the higher spirituality in female that lead female to possess better quality of life. Besides this, Muslim females showed less responsibility toward their family and tension of their carrier that may be also a significant predictor of quality of life. Study of Mihaela Chraifa and Daniela Dumitrub (2015) supports the present study. They also explored differences between genders in terms of quality of life and well-being among undergraduate students.

It was also found that spirituality is highly and positively related with quality of life for female hostlers. It reveals that high level of spirituality can improve quality of life of female hostlers that can help the female hostlers to overcome the feelings of loneliness, distrust and mental health that is a great issue of newcomers in hostels. This finding is supported byAdel Mirzaei1et.al (2014). They found significantly positive relationship between quality of life and spiritual well-being in their study.

There was average positive relation between spirituality and quality of life among male hostlers. This relationship is not as stronger in male hostlers as in the female hostlers. Reason behind this may be that male hostlers have less spirituality than female hostlers that result in less quality of life in male hostlers.

There was average positive relation between spirituality and quality of life among male hostlers. This relationship is notstronger in male in comparison to female hostlers. Reason may be that male hostlers are less spiritual than female hostlers. Therefore they have been found to have less quality of life in comparison to female hostlers.

Mirmoeini and Afsharinia (2015) determined the relationships between spirituality and resiliency with Quality of life among students. Their study supports our present study.

CONCLUSION

On the basis of obtained result, we can conclude that the significant difference existed between female and male hostlers on spirituality and quality of life. They differ with each other on spirituality and quality of life. This study explored that female are more spiritual than male hostlers and female have better quality of life than male hostlers as well as there has been found highly positive relationship between spirituality and quality of life.

LIMITATIONS OF THE STUDY

We conducted the present study on the Muslim girls and boys in which girl hostlers are exposed to spiritual and religious meetings daily but these meetings are unavailable in the boys' hostels. Results may be changed if study would involve participants of different religions and different institutions. Along with large sample may change the result of the study.

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